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Summit Hill School District 161

Arbury Hills School ■ Frankfort Square School ■ Indian Trail School
Dr. Julian Rogus School ■ Walker Intermediate School ■ Summit Hill Jr. High

Student COVID-19 Self-Certification and Verification Form for the 2021-2022 School Year

Must be Signed by Parent/Guardian on or prior to the student's first day of in--person school attendance.

In response to the COVID-19 pandemic and to ensure a safe and healthy environment for our school community, guidance from the Illinois State Board of Education and the Illinois Department of Public Health recommends that every student undergo a daily symptom screening prior to sending students to bus stop, boarding district or #843 Special Transportation, or entering any Summit Hill School District building. Parents/Guardians will be conducting this daily symptom screening prior to their student departing for school and reporting consistent with the parameters outlined below. This form must be signed and returned to your child's school on or prior to the student's first day of in-person school attendance.

Certification and Verification of Daily Symptom Screening: I verify that prior to sending students to their bus stop, boarding district or Lincoln-Way #843 Transportation, or entering the school building, my student will receive a daily symptom screening at home by an adult caregiver to determine if my student is experiencing any of the following COVID-19 symptoms:

Fever or chills	Headache
Cough, congestion, or runny nose	Sore throat
Shortness of breath or difficulty breathing	New loss of taste or smell
Fatigue	Nausea or vomiting
Muscle and body aches	Diarrhea

By sending my student to school on any given day, I am certifying and verifying that my student has received a daily symptom screening at home and is not experiencing any COVID-19 symptoms. If my student is experiencing any of the above symptoms at the time of the daily screening, I will report their absence along with what symptoms my student is experiencing. If the school staff contact me to gather additional information related to the results of my student's daily screening, I will provide the necessary information as requested.

If my student is experiencing COVID-19 symptoms and has not been in close contact (definition below) with an individual who tested positive for COVID-19 or is suspected of having COVID-19, I understand that before my student can return to school the District will require a written statement from my student's healthcare provider about any allergies, pre-existing condition(s) or alternative diagnosis which causes my student to symptoms associated with COVID-19, and which states there is no clinical suspicion for COVID-19 infection, and/or require submission of a negative PT-PCR COVID-19 test result or healthcare provider's note indicating the negative test result.

Certification and Verification of Other COVID-19 Related Exposures: I will notify the school staff that my student will be absent pending further direction from the District if: (1) my student receives a diagnosis of COVID-19; (2) my student is suspected of having COVID-19; (3) my student comes in close contact (definition below) with an individual

who tested positive for COVID-19 or is suspected of having COVID-19; or (4) my student, or a member of their household, is symptomatic and awaiting a COVID-19 test result; If the school staff contact me to gather additional information related to the reason(s) for my student's absence, I will provide the necessary information as requested.

By sending my student to school on any given day, I am certifying and verifying that my student is not subject to an isolation or quarantine protocol related to COVID-19.

For COVID-19, the CDC defines "close contact" as any individual not fully vaccinated against COVID-19 who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. For students in the classroom setting, contacts who were within 3 to 6 feet of an infected student do not require quarantine if both the case and the contact were consistently masked. If they were not consistently masked, then close contacts are classroom students who were within 6 feet of the infected student for a cumulative total of 15 minutes or more over a 24-hour period.

The longer a person is exposed to an infected person, the higher the risk of exposure/transmission. The infectious period of close contact begins two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive sample was obtained (for an asymptomatic person). If the case was symptomatic (e.g., coughing, sneezing), persons with briefer periods of exposure may also be considered contacts as determined by local health departments. Persons who have had lab-confirmed COVID-19 within the past 90 days or those fully vaccinated, according to CDC guidelines, are not required to quarantine if identified as a close contact to a confirmed case. Local health departments are the final authority on identifying close contacts.

Should a student or staff member test positive for COVID, contact tracing efforts will be implemented by the school nurse and supervisory staff. The Will County Health Department will also be notified of the positive individual and close contracts identified.

I am aware that my student will have to quarantine and/or isolate if he or she is identified as a close contact or has tested positive with COVID-19. I will follow the direction of the School Nurse and Supervisory Staff members as to how long I will have to be not in attendance at school.

Options for Quarantine & Return to School at this time:

Option 1	Quarantine at home for 14 days. Date of last exposure is considered Day 0.
Option 2	Quarantine for 10 calendar days. Date of last exposure is considered Day 0. COVID PCR test recommended and may be required by local health department. Masking strictly adhered to as required.
Option 3	Quarantine for 7 calendar days. No symptoms AND have a negative COVID PCR test collected within 48 hours of exposure day 7 (starting on day 6 or after). Masking strictly adhered to as required.

Local health department will make the final determination on who is to be quarantined and for how long.

Thank you for your cooperation in keeping everyone healthy!



I/We have reviewed the Student Self-Certification & Verification Form for the 2021-2022 School Year and will cooperate in keeping everyone healthy.

Student's Name

Parent(s)/Guardian(s) Signature