

Little Wound School Board
Cecelia Fire Thunder
Nicole Little Whiteman
Misty Hunter
Linda May
Raymond Janis

Little Wound School Board
Little Wound School
P.O. Box 500
Kyle, South Dakota 57752
Website: HYPERLINK "http://www.littlewound.us"
www.littlewound.us

Telephone:
605-455-6150
Fax:
605-455-2703

September 13, 2021

Screening Students for COVID-19: Parent Responsibilities

Dear Parents and Guardians,

As we return to on-campus learning and activities, we must all work together to ensure the health and safety of our school community. This takes all of us—parents, students, families, and staff—working together. Parents and caregivers play a particularly important role in this process. We ask that all families review the information below to learn more.

1. It is the parent's or caregiver's responsibility to pre-screen students before their departure from the home. Little Wound School has provided a Student Symptom Screening Checklist that all families must use every day when determining whether a student may participate in any on-campus activity (including academic classes). The checklist is attached to this letter. It is important to note that the screening should be conducted for all students in a household: If one student does not meet the criteria for on-campus activities or instruction, *all students in the household* must stay home until they have gone 48 hours without demonstrating any COVID-19 symptoms without taking any symptom-reducing medication.
2. The parent or guardian of every student should complete the COVID-19 Testing Waiver, which is also attached to this letter. As a component of our health and safety protocol, the administration of standard COVID-19 tests may take place. Please complete the attached waiver form and return it to school; students may provide the document to any of their teachers.
3. Students will be screened prior to entering the school bus or vehicle and before entrance to Little Wound's campus. Students who do not pass a screening before boarding a bus or vehicle will be asked to stay home. Students who do not pass a screening at campus will be escorted to a COVID-19 isolation area at the nurse's office until they are picked up by a caregiver.
4. Students who demonstrate a sign or symptom of COVID-19 (or test positive) must complete their work at home until a doctor has cleared them for returning to school.

Thank you for understanding and following these health precautions. Please direct any questions you may have about these COVID-19 policies to the nursing office:

- Lindsee Harris: 605-455-6213
- Summer Whirlwind Horse: 605-455-6177

Sincerely,



Charles Cuny, Jr.
Superintendent, Little Wound School

STUDENT SYMPTOM SCREENING CHECKLIST

Parents must complete this daily symptom screening at home before sending their child to school.

Section 1: Symptoms

Does your child have body aches, chills, or a fever of 99.7 or greater?	YES__	NO__
Does your child have a new or worsening cough or difficulty breathing (for students with chronic allergic/asthmatic cough, different from usual cough)?	YES__	NO__
Does your child have a sore throat?	YES__	NO__
Has your child been experiencing diarrhea, vomiting, or abdominal pain?	YES__	NO__
Does your child have a headache (new onset)?	YES__	NO__
Does your child have a new unexplained rash?	YES__	NO__
Has your child been experiencing loss of taste or smell?	YES__	NO__

Section 2: Close Contact/Potential Exposure

Has your child had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19?	YES__	NO__
Has your child had close contact (within 6 feet of an infected person for at least 15 minutes) with a person under quarantine for possible exposure to COVID-19?	YES__	NO__



If YES to any question in Section 1 and NO to questions in Section 2, you are excused from school in accordance with existing school illness policy (ex: until symptom free for 48 hours without symptom reducing medications).

IF YES to any questions on Section 1 and YES to any question in Section 2, you should contact your health provider for evaluation and possible testing.



If NO to all questions in Section 1 and NO to all questions in Section 2, enjoy your day at school!

Thank you for supporting the health of our community!!



In-School COVID19 Testing Consent Form:
Abbott BinaxNOW or Quidel QuickVue OTC Materials
SY 2021-22

RELEASE OF INFORMATION AND INFORMED CONSENT TO COVID-19
TESTING FOR K-12 STUDENTS

Name of Student _____ DOB: _____

Name of Parent or Guardian _____

Parent/Guardian Phone Number(s) _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Please carefully read and sign the following Informed Consent:

1. I authorize this COVID-19 testing unit to conduct specimen collection and laboratory testing for COVID-19 through nasal swab of my child, as ordered by an authorized medical provider or public health official.
2. I authorize my child's test results to be disclosed to the South Dakota Department of Health and School District Contact.
3. I acknowledge that a positive test result of my child is an indication that my student must self-isolate and/or wear a mask or face covering as directed to avoid infecting others.
4. I understand that the South Dakota Departments of Health and Education are not acting as my child's medical provider. This testing does not replace treatment by my child's medical provider, and I assume complete and full responsibility to take appropriate action with regard to my child's test results. I agree I will seek medical advice, care and treatment for my child from my medical provider if I have questions or concerns, or if my child's condition worsens.
5. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.
6. I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for my child for COVID-19.

Signature: _____ Date: _____

Parent or guardian signature unless student is age 18 or older

This form must be signed prior to specimen collection