## **Covid Daily Parent Form** for

## **Symptoms**

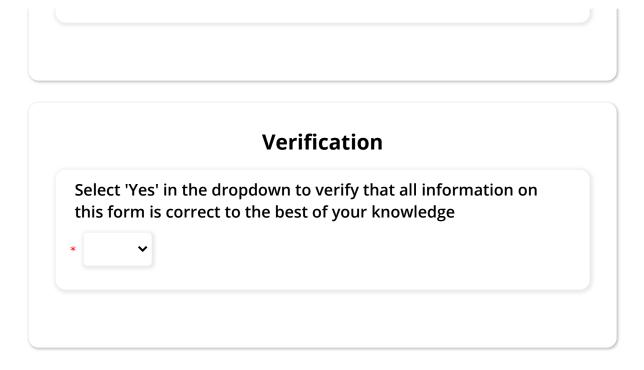
Any of the symptoms below could indicate a COVID-19 infection in children and may put your child at risk for spreading illness to others. Please note that this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms

Section A - If **TWO OR MORE of the fields in this Section are checked off**, please keep your child home, call the school and contact your physician.

☐ Fever (measured or subjective)
☐ Chills
☐ Rigors (shivers)
☐ Myalgia (muscle aches)
☐ Headache
☐ Sore Throat
☐ Nausea or Vomiting
☐ Diarrhea
☐ Fatigue
☐ Congestion or runny nose

	T LEAST ONE field in this Section is checked off, our child home, call the school and contact your
<ul><li>□ Cough</li><li>□ Shortness of I</li><li>□ Difficulty Bread</li><li>□ New loss of sometimes</li><li>□ New loss of table</li></ul>	mell
Clos	se Contact/Potential Exposure
<b>section are ch</b> days from the	Fields in the 'Close Contact/Potential Exposure' ecked off, your child should remain home for 14 last date of exposure (if child is a close contact of OVID-19 case) or date of return to New Jersey and hool.
Contact your o	child's provider or your local health department dance.
Please verify if	f:
at least 10 minute	s had close contact (within 6 feet of an infected person for es) with a person with confirmed COVID-19 our household is diagnosed with COVID-19

☐ Your child has traveled to an area of high community transmission.



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