

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

Section B - If AT LEAST ONE field in this Section is checked off, please keep your child home, call the school and contact your physician.

- Cough
- Shortness of Breath
- Difficulty Breathing
- New loss of smell
- New loss of taste

Close Contact/Potential Exposure

If ANY of the fields in the 'Close Contact/Potential Exposure' section are checked off, your child should remain home for 14 days from the last date of exposure (if child is a close contact of a confirmed COVID-19 case) or date of return to New Jersey and contact the school.

Contact your child's provider or your local health department for further guidance.

Please verify if:

- Your child has had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19
- Someone in your household is diagnosed with COVID-19
- Your child has traveled to an area of high community transmission.

Verification

Select 'Yes' in the dropdown to verify that all information on this form is correct to the best of your knowledge

*

