

**Hope Township School
PO Box 293
Hope, NJ 07844**

To: Parents/Guardians

From: Mrs Weigly, RN, CSN

This guidance comes from the NJDOH and WC Health Department. All of the schools in NJ are following these guidelines.

The form does not need to be sent back to school. You may keep it to guide you in your morning assessment of your child. If students develop these symptoms in school, they must be sent home. To return to school, your child will need a physician note with an alternate diagnosis or a negative covid 19 test. If your child develops symptoms on a day off, please email me, mweigly@hope-elem.org

Section 1: 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:

Column A

<input type="checkbox"/>	Fever (measured or subjective)
<input type="checkbox"/>	Chills
<input type="checkbox"/>	Rigors (shivers)
<input type="checkbox"/>	Myalgia (muscle aches)
<input type="checkbox"/>	Headache
<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	Nausea or Vomiting
<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	Congestion or runny nose

Column B

<input type="checkbox"/>	Cough
<input type="checkbox"/>	Shortness of Breath
<input type="checkbox"/>	Difficulty Breathing
<input type="checkbox"/>	New loss of smell
<input type="checkbox"/>	New loss of taste

If **TWO OR MORE of the fields in **Column A** are checked off OR **AT LEAST ONE** field in **column B** is checked off, please keep your child home and notify the school for further instructions.**

Section 2: Close Contact/Potential Exposure Please verify if:

<input type="checkbox"/>	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
<input type="checkbox"/>	Someone in your household is diagnosed with COVID-19
<input type="checkbox"/>	Your child has traveled to an area of high community transmission .

If **ANY of the fields in **Section 2** 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.**

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