**Last Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_Grade**\_\_\_\_\_\_\_\_\_

In accordance with the state guidelines for opening schools all parents are asked to complete and submit this form every morning before coming to the WSP campus. A separate form must be filled out for each child enrolled.

|  |  |  |
| --- | --- | --- |
| ***Yes*** | ***No*** |  |
| ***[ ]***  | ***[ ]***  | 1. Has the student or household member been in close contact with an individual with known or suspected COVID-19?  Close contact is defined as being within 6 feet of others for at least a period of 10 minutes, with or without a mask. You provided care at home to someone who is sick with COVID-19, had direct physical contact with the person (hugged or kissed), shared eating or drinking utensils, were sneezed on or coughed on or somehow exposed to respiratory droplets.
 |
| ***[ ]***  | ***[ ]***  | 1. Has the student or household member traveled to any state/ country on the NJ / US quarantine list within the last 14 days?
 |
| ***[ ]***  | ***[ ]***  | 1. Is the *student or any family member* complaining of / showing signs of **2 of the following**: fever,chills, rigors, sore throat, congestion, runny nose, muscle aches, headache, diarrhea, nausea, vomiting, fatigue, new loss of taste or smell?
 |
| ***[ ]***  | ***[ ]***  | 1. Is the *student or any family member* complaining of / showing signs of cough, shortness of breath, or difficulty breathing?
 |
| ***[ ]***  | ***[ ]***  | 1. Is student’s temperature 100 degrees Fahrenheit or more? Note temperature below.
 |
| ***[ ]***  | ***[ ]***  | 1. My child appears to be ill (this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash, fever and behavior change or other signs and symptoms (e.g. sore throat, rash, vomiting, and diarrhea).
 |

**Your child MUST NOT come to school if any responses are YES**

**Consult your physician if you answered yes to questions. 1-4**

**If your child and /or household member has had *close contact* your local Dept. of Health must be notified.** A 14-day quarantine is required at this time.

**Temperature (°F**): \_\_\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Today’s Alternate Contact** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This alternate contact is designated to pick up my child today if he/she becomes ill at school because all emergency contacts will NOT be available today. A contact must always have the ability to pick up my child within 30-45 min.)