

WEST CAPE MAY BOARD OF EDUCATION

301 Moore Street

West Cape May, New Jersey 08204-1199

(609) 884-4614/ FAX (609) 884-0932

Zachary H. Palombo
Chief School Administrator

Maureen McGongie
Supervisor

Todd D'Anna
Business Administrator

Dear Parent(s)/Guardian(s),

In lieu of performing a daily screening everyday prior to school the following document is a COVID-19 Parent Statement of Assurance to be signed and returned on September 7th, 2021, the first day of school. An online form can be found on our website or at <https://forms.gle/JJKKHbBdNp425jPF9>

For Parent(s)/Guardian(s) who have multiple students/siblings, a COVID-19 Parent Statement of Assurance is required for each individual student.

Section 1: COVID-19 Symptoms

To maintain a safe and healthy school, we are asking that you evaluate your child for COVID-19 symptoms prior to the start of school every day. If your child is experiencing symptoms we ask that you keep your child home from school.

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

Column B

Fever (measured or subjective)	Cough
Chills	Shortness of Breath
Rigors (shivers)	Difficulty breathing
Myalgia (muscle aches)	New loss of smell
Headache	New loss of taste
Sore Throat	
Nausea or Vomiting	
Diarrhea	
Fatigue	
Congestion or runny nose	

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PLEASE NOTE:

- If two or more symptoms from Column A are displayed OR if at least one of the symptoms from Column B are displayed, your student and any siblings should remain home and notify the school for further instructions.
- In addition if your student displays two or more symptoms from Column A or at least one of the symptoms from Column B, you will be notified; and to ensure the safety of other students and employees, the student and any siblings must be picked up immediately from school following the notification.
- At any time should your child have a fever that is a concern to our Nurse, the student and any siblings must be picked up immediately from school following the notification.

Section 2: Close Contact/Potential Exposure

Please note that within the last fourteen (14) days should any of these scenarios occur: 1) your child has had close contact (within 6 feet of an infected person for fifteen (15) minutes or more during a 24 hour period) with a person with COVID-19, 2) someone within your household is diagnosed with COVID-19, or 3) your child has been exposed to a community of that has been deemed high outbreak risk by the Department of Health (local, state, and/or federal); your child should remain home for the next fourteen (14) days from the date of exposure, and contact the school nurse for further guidance.

By signing below, you agree to the following guidelines:

- If my child is experiencing COVID-19 symptoms, I will keep my child and any siblings home from school, and contact both the school nurse and his/her teacher.
- I will notify the school immediately if my child has a positive diagnosis or was in direct contact with someone who is presumptive positive or positive for COVID-19 or has a pending COVID-19 test.
- I will immediately pick up my student and any siblings from school if notified they are experiencing COVID-19 symptoms, or have a fever that is of a concern to our school nurse.

Parent/Guardian:

Parent Name (Please Print): _____

Parent Signature: _____

Student Name: _____

Student Grade: _____

Date: _____