Egg Harbor Township Schools

www.eht.k12.nj.us
Administration Offices
13 Swift Drive
Egg Harbor Township, NJ 08234

PLEASE READ THIS FORM CAREFULLY!

2021-2022 School Year

Parent DAILY Health Affirmation Regarding Sending Students to School

To Our Egg Harbor Township School District Community,

This document contains the Egg Harbor Township School District's expectations regarding the safety protocols necessary for your children. By reading, signing, and returning this form, you agree and acknowledge that you have read this form, understand the information contained herein, and will comply with all of the conditions set forth.

In addition, please be advised that by signing this form you are affirming that you will comply with all of the following conditions EVERY day your child attends in-person instruction. You understand and agree that by sending your child to school, you are affirming that your child may attend school based on the conditions set forth in this form, every day that you send your child to school.

Affirmation

I understand that as a condition of sending my child to school, I will comply with the School District's health and safety protocols for in person student instruction. I affirm that every day that I send my child to school for in person instruction:

- I will assess my child/children's health in accordance with the below checklist **EACH** morning **PRIOR** to in-person learning to determine if my child is experiencing any of the symptoms listed below.
- I certify that my child has not tested positive for COVID-19 within the last 14 days, and is **NOT** currently awaiting the results of a COVID-19 test.
- I understand that any of the symptoms in the table below could indicate a COVID-19 infection in children, and may put my child at risk for spreading illness to others.
- I understand that this list does not include all possible symptoms, and children with COVID-19 may experience any, all, or none of these symptoms and,
- I understand that if I send my child to school with any of the symptoms listed in the table below, I will be called to immediately pick my child up from school,
- I will ***KEEP MY CHILD HOME FROM SCHOOL IF THEY HAVE***: **(*ANY* TWO (2) OR MORE) SYMPTOMS from COLUMN A or (*ANY* ONE (1) OR MORE) SYMPTOMS from COLUMN B.)

Column A

□	Fever (measured or subjective) *
□	Chills
□	Rigors (shivers)
□	Myalgia (muscle aches)
□	Headache
□	Sore Throat
□	Nausea or Vomiting
□	Diarrhea
□	Fatigue
□	Congestion or Runny Nose

Column B

□	Cough
□	Shortness of breath
□	Difficulty breathing
□	New loss of smell
□	New loss of taste

- If **AT LEAST TWO fields in Column A are checked off** - OR - **ONE OR MORE of the fields in Column B are checked off**, I will keep my child home and contact my healthcare provider and/or my local health department for further guidance.
- I understand that my child's temperature must be below 100.4 degrees WITHOUT the use of medication or other intervention to lower it.
- I will inform my child's school if any of the above in Columns A and/or B become true of my child.

Column C

□	My child had close contact (within 6 feet of an infected person for at least 15 minutes during a 24-hour period) with a person with confirmed COVID-19 within the past 14 days.
□	Someone in my household has been diagnosed with or been tested for COVID-19 within the past 14 days.

- I understand that if **ANY** of the fields in Column C are checked off, I will contact my child's school nurse (see below).
- I understand that by entering any Egg Harbor Township Board of Education building, I am re-affirming that I and/or my child have **NO** symptoms of COVID-19, and that I have complied with **ALL** of the above conditions.

(Please keep this page on the refrigerator or other area within your home to make sure it is part of your daily routine with your child)

Acknowledgement of Receipt of the Egg Harbor Township School District
Parent Affirmation Regarding Sending Students to School Everyday
(PLEASE RETURN THIS FORM ON THE 1ST DAY OF SCHOOL)

I, (*parent/guardian print name*) _____, certify that I have received and reviewed the Egg Harbor Township School District Parent Affirmation Regarding Sending Students to School every day. Further, I certify that I will perform daily Covid-19 screenings on my child/children as required by the Egg Harbor Township Board of Education, in conjunction with New Jersey Department of Health (NJDOH) guidelines, and as provided in the aforementioned Affirmation. I agree that I will keep my child/children home from school as directed in the aforementioned Affirmation. I understand that by signing this form and sending my child to school each and every day I am affirming every day that my child is symptom free and does NOT have COVID-19.

Parent Signature: _____ Date: _____

Student's Name (print): _____ Date: _____

School: _____ Grade: _____

(one affirmation form should be completed for EACH school-aged child)

*****PLEASE RETURN THIS FORM ON THE 1ST DAY OF THE SCHOOL YEAR*****