

COVID-19 DAILY CHECKLIST

Daily questions to answer before sending your child to school:

Question #1:

Does your child have any of the following symptoms of COVID-19; fever, new loss of their sense of smell or taste, difficulty breathing/shortness of breath, diarrhea/nausea/vomiting, or cough? Have they traveled to a state or country with high COVID-19 risk within the past 2 weeks, or have they been exposed to anyone with COVID-19 or flu-like symptoms?

District Response:

If you answered yes to any of the above- and these symptoms can't be otherwise explained- Please keep your child home from school and call the nurse's office for additional information and resources.

Question #2:

Has your child traveled to a state with high COVID-19 risk within the past 2 weeks that requires a 14 day quarantine upon return to New Jersey, or have they been exposed to anyone with COVID-19 or flu-like symptoms?

District Response:

If you answered yes to any part of Question #2 - please call the nurse's office for additional information before sending your child to school.

Nurse Kaitlyn Rupert- Ocean Academy- 609-465-2720 X 4415

Nurse Stacey Lera- CMCHS-609-465-2720 X 4424

Thank you for your assistance!