



PEMBERTON TOWNSHIP SCHOOLS

ADELINA GIANNETTI, Assistant Superintendent of Secondary and Special Services
CHRISTINE HALE, Assistant Director of Special Services
RITA JENKINS, Assistant Director of School Counseling & Health/Nursing Services
IDA SMITH, Chief Academic Officer

PAUL A. SPAVENTA
Interim Superintendent

Attestation for Student Daily Home Screening (NEW)

In order to keep our schools open and the environment as healthy as possible, we are providing a checklist that you will use to screen your student(s) before sending them to school each day.

You will sign a waiver each marking period in the Genesis parent portal stating that you are checking your child's temperature and monitoring for signs and symptoms of COVID-19 **every morning**. (Please click on link below)

If your child is sick (for any reason), keep your child home and contact the school to notify us of their symptoms and absence.

Parent/guardian(s) are responsible to contact the school should their child test positive for COVID, so contact tracing protocol can be initiated. The school nurse will then notify you of how long they will be required to be out.



PEMBERTON TOWNSHIP SCHOOLS

RITA JENKINS
 Assistant Director of School Counseling/Health Services

PAUL A. SPAVENTA
 Interim Superintendent
ADELINA GIANNETTI
 Assistant Superintendent of
 Secondary and Special Services

COVID-19 Daily Screening for Students

To: Parents/Guardians

From: Rita Jenkins, Asst. Director of School Counseling/Health Services

The NJDOE in their return to school document entitled, The Road Back, states school districts must adopt a policy for screening students upon arrival for symptoms and history of exposure. The Pemberton Township School District is requiring a daily symptom check at home prior to your child returning in person to school. We are asking the parents do this at home each day for the first marking period (September 8 – November 13, 2020).

By checking this box I acknowledge that I will take my child's temperature and look for any symptoms that could indicate a Covid-19 infection. If two or more of the fields in Column A are checked off or at least one field in Column B is checked off, I will keep my child home and notify the school.

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



PEMBERTON TOWNSHIP SCHOOLS

RITA JENKINS
Assistant Director of School Counseling/Health Services

PAUL A. SPAVENTA
Interim Superintendent
ADELINA GIANNETTI
Assistant Superintendent of
Secondary and Special Services

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.