

Dear Parent/Guardian:

Please help us reduce the risk of COVID-19 transmission by completing the **required** COVID-19 Daily Parent Form in the [Genesis Parent Portal](#) for each of your children no later than 7:30 a.m. each day on days they have classes in the school building. The portal will be open for submission at 7:00 p.m. on the night before the students attend school.

Login to the Genesis Parent Portal: https://flboe.com/parents/genesis_parent_portal

Click Close in the pop-up window reminding you to complete the COVID-19 Daily Parent Form



Click the "Forms" tab at the top of the screen.



Click the "COVID-19 Daily Parent Form"

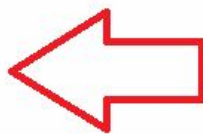
	FORM	REQUIRED	SUBMITTED ON	SUBMITTED BY	FILLABLE FROM	FILLABLE THRU	FOR	REQUIRED FOR ACCESS
1.	COVID-19 Daily Parent Form for 9/24/2020	YES	Not Yet Submitted				Nicole	✓

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

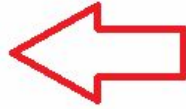
Section A - If **TWO OR MORE** of the fields in this Section are checked off, please keep your child home and notify the school for further instructions.

- Fever (measured or subjective)
- Chills
- Rigors (shivers)
- Myalgia (muscle aches)
- Headache
- Sore Throat
- Nausea or Vomiting
- Diarrhea
- Fatigue
- Congestion or runny nose



Section B - If **AT LEAST ONE field in this Section is checked off**, please keep your child home and notify the school for further instructions

- Cough
- Shortness of Breath
- Difficulty Breathing
- New loss of smell
- New loss of taste



Close Contact/Potential Exposure

If **ANY of the fields in the 'Close Contact/Potential Exposure' section 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. Contact your child's provider or your local health department for further guidance.

Please verify if:

- 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
- Someone in your household is diagnosed with COVID-19
- Your child has traveled to an area of high community transmission.



Verification

Select 'Yes' in the dropdown to verify that all information on this form is correct to the best of your knowledge

* Yes



Questions marked with an * are required.

Update Answers



This form is part of a system-wide initiative by Fort Lee Public Schools. This assessment is not meant to take the place of consultation with your healthcare provider to diagnose or treat conditions.