

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 a.m. each day on days they have classes in the school building. The portal will be open for submission at 11:59 p.m. on the night before the students attend school.

Login to the Genesis Parent Portal: [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"

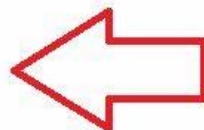
	FORM	REQUIRED	SUBMITTED ON	SUBMITTED BY	FILLABLE FROM	FILLABLE THRU	FOR	REQUIRED FOR ACCESS
1.	COVID-19 Daily Parent Form for 9/24/2020	YES	Not Yet Submitted				Nicole	✓

## 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

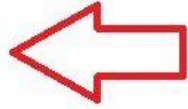
Section A - If **TWO OR MORE** of the fields in this Section are checked off, please keep your child home and notify the school for further instructions.

- 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:

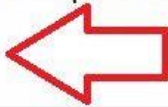
- Your child has had close contact (within 6 feet of an infected person for at least 10 minutes) with a person with confirmed COVID-19
- Someone in your household is diagnosed with COVID-19
- Your child has traveled to an area of high community transmission.



### 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 Ridgefield Public Schools. This assessment is not meant to take the place of consultation with your healthcare provider to diagnose or treat conditions.