

The River Vale Public School District - Weekly Student Statement of Assurance

The River Vale Public School District has worked tirelessly to ensure the safest possible reopening of schools. We have planned for in-person instruction in accordance with guidance from the CDC, Department of Education, and as outlined in “The Road Back.” The district has purchased face coverings, plastic partitions for some instructional spaces, and additional cleaning and disinfecting equipment. However, opening schools does come with some risk of transmission. In order to minimize this risk, please complete this form weekly for every child that is returning for in-person instruction. **The form is required and a hard copy will be collected prior to your child entering the building.**

If any of this information changes throughout the course of the week, you must immediately contact the school nurse. All information will be handled with the utmost respect and will remain confidential to the maximum extent possible. **Parents are required to print, complete, and sign this form weekly as their child begins in-person instruction for the week.**

Please initial each statement and sign below.

Initials	Statement		
	No member of our immediate family or anyone who resides in our household has tested positive for COVID-19 in the last 14 days.		
	My child has not been exposed to or been in close proximity with anyone who has tested positive for COVID-19.		
	My child is not currently experiencing any of the following symptoms:		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> ● Fever of 100 or greater, chills ● Cough ● Shortness of breath or difficulty breathing ● Fatigue ● Muscles or body aches </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> ● Headache ● New loss of taste or smell ● Sore throat ● Congestion or runny nose ● Nausea or vomiting ● Diarrhea </td> </tr> </table>	<ul style="list-style-type: none"> ● Fever of 100 or greater, chills ● Cough ● Shortness of breath or difficulty breathing ● Fatigue ● Muscles or body aches 	<ul style="list-style-type: none"> ● Headache ● New loss of taste or smell ● Sore throat ● Congestion or runny nose ● Nausea or vomiting ● Diarrhea
<ul style="list-style-type: none"> ● Fever of 100 or greater, chills ● Cough ● Shortness of breath or difficulty breathing ● Fatigue ● Muscles or body aches 	<ul style="list-style-type: none"> ● Headache ● New loss of taste or smell ● Sore throat ● Congestion or runny nose ● Nausea or vomiting ● Diarrhea 		
	Neither my child nor anyone who resides in our home has traveled to any of the states listed on the New Jersey Department of Health website as a mandatory quarantine state, within the last 14 days. States listed can be found at https://covid19.nj.gov/ . If myself, my child, or any member of our household travels to one of the states listed as a mandatory quarantine state, we will immediately notify the school district and keep my child home for at least 14 days.		
	I have taken my child’s temperature and he/she does not have a fever of 100 or greater.		
	I understand my child will be temperature screened upon arrival at school. If my child’s temperature is 100 or greater, he/she will be asked to return home. Clearance from a physician may be required to return to school.		
	I understand it is my responsibility to pick up my child within 30 minutes if he/she develops symptoms while at school.		
Child’s Name:			
Child’s Grade Level:			
Parent Name:			
Child’s Homeroom/Advisory Teacher:			
Parent Signature:			
Date:			