



TOMS RIVER REGIONAL SCHOOLS

1144 Hooper Avenue, Toms River, NJ 08753

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September 1, 2021

Covid-19 Screening Form 2021-2022

I am agreeing to all of the below terms and conditions for the 2021-2022 school year program:

1. I will not send my child to school on any given day if he/she is experiencing any of the following symptoms:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
2. I will take my child's temperature each day no more than an hour before sending him/her to school and without the use of fever-suppressing medication such as Tylenol, and will not send him/her if the reading is 100.4 degrees Fahrenheit or higher.
3. I will contact my child's school office to report if my child is going to be absent and include the reason why.
4. I will notify the school immediately upon becoming aware of someone in our immediate household or whom my child has been in close proximity to (either currently or within the past 14 days) testing positive for COVID-19.

I agree to all of the above terms and conditions for the 2021-2022 school year.

Student Name _____ HR _____
Student ID _____ School _____
Parent Signature _____ Date _____