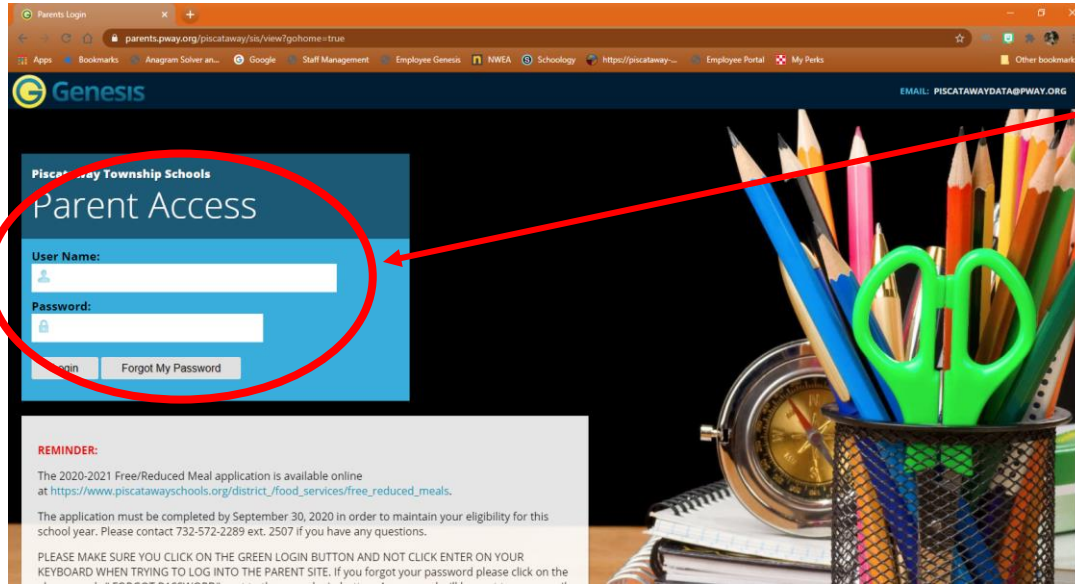


Covid Daily Parent Form Tipsheet



1. Type your user name and password into the parent portal:
<https://parents.pway.org>
2. Once logged in, click on the word Forms in the second menu bar

Genesis Parent Resources

MESSAGE CENTER 25 STUDENT DATA CONTACTS

Summary Attendance Grading Discipline Fees And Fines Gradebook Scheduling Documents Forms Conferences Letters

SELECT STUDENT: [REDACTED]

GRADE: 08

Print Schedule: List Today's Cycle: B

Thu, 10/22 (B) Virtual Fri, 10/23 (A) Virtual Mon, 10/26 (B) Virtual

TIMES	PER	COURSE	SEM	DAYS	ROOM	TEACHER
8:05AM to 9:05AM	1	PE/Health 8	FY	A	GYM	MILLER, MYLES
8:05AM to 9:05AM	1	Mixed Chorus 8	FY	B	CHRS	MC GOWAN, VANESSA

Forms Library

Today is 10/22/2020

	FORM	SUBMITTED ON	SUBMITTED BY	FILLABLE FROM	FILLABLE THRU
1.	LEARNING PLAN - PARENT FORM	Not Yet Submitted		10/16/2020	10/30/2020

	FORM	SUBMITTED ON	SUBMITTED BY	FILLABLE FROM	FILLABLE THRU
1.	Covid Daily Parent Form for 10/22/2020	Not Yet Submitted		10/21/2020	10/30/2020
2.	Parental Transportation Services Waiver	Not Yet Submitted		8/3/2020	6/17/2021
3.	LEARNING PLAN - PARENT FORM	✔ 10/16/2020		10/16/2020	10/30/2020

3. On the Forms Library Screen, click on the "Covid Daily Parent Form"

4. Please read directions carefully before completing the form.

Forms Library
Covid Daily Parent Form for [REDACTED]

Directions

The COVID Daily Parent Form should only be filled out the MORNING for each child scheduled to be in school, not prior. Please be sure you complete this form for all of your children.

In "Symptoms" section A & B, DO NOT check boxes if symptoms are not present.

After completing all of the sections below, you must complete the "Verification" by selecting "Yes" and clicking the green "Update Answers" button.

Thank you!

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. Children with COVID-19 may experience any, all, or none of these symptoms. **Please check your child daily for these symptoms.**

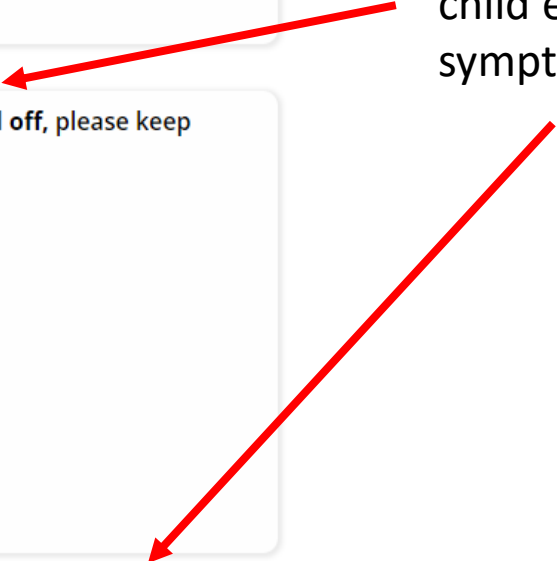
Section A - If **TWO OR MORE** of the fields in this Section are checked off, please keep your child home and notify the school for further instructions.

- Low Grade Fever
- 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

- Fever - above 100.4
- Cough
- Shortness of Breath
- Difficulty Breathing
- New loss of smell
- New loss of taste

5. Review Symptoms Section A and B and only select if your child exhibits symptoms.



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.

6. Review Close Contact/Potential Exposure section – Only verify if your child has been exposed

Verification

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

7. You **MUST** Click on the drop down menu and select "Yes" then click on the "Update Answers" daily, even if you leave Sections A & B and the Close Contact/Potential Exposure Section blank!

Questions marked with an * are required.

Update Answers