



DAVID GREGORY SCHOOL, INC.

A PARTNERSHIP FOR LEARNING

347 N. FARVIEW AVENUE, PARAMUS, NJ 07652 201/967-9772 FAX 201/967-7071

September 2020

Dear Parents/Guardians,

Welcome to the 2020-21 school year. We are so excited to welcome the students back to in-person instruction as of October 1, 2020. We would like to advise you of some changes that have taken place for this school year. Please see our website for full details of the Reopening Plan as well as our updated COVID policies.

We are asking for your cooperation with keeping your child home if they display signs or symptoms of illness. We all need to work together to mitigate transmission of the COVID-19 virus. Please keep your child home if they have signs or symptoms of illness including, but not limited to, temperature of 100.0 F or higher, new uncontrolled cough (for students with chronic allergic/asthmatic cough, a change in their cough from their "normal"), shortness of breath, new loss of smell, new loss of taste, chills, rigors (shivers), myalgia (muscle pain), headache, sore throat, nausea/vomiting, diarrhea/abdominal pain, fatigue, congestion or runny nose, new or unexplained rash.

If your child develops symptoms of illness while at school, the student will be examined by the school nurse. If it is determined that the student is exhibiting signs or symptoms of COVID, the student will be placed in an isolation room accompanied by a staff member and you will be called to pick up your child and referred to the child's healthcare provider for further evaluation and determination if testing is recommended. The student will not return to the classroom and will not be sent home on the bus.

Please assess your child DAILY, in the morning prior to coming to school, for signs and symptoms of illness, and review the attached health questionnaire. **If your child has any of the symptoms listed above, or you answer yes to any of the questions, please keep your child home and consult with the school nurse prior to sending your child to school.**

When returning to in-person instruction:

Please send your child with the following:

- Face covering/mask, clearly labeled with their first and last name on the FRONT of their face covering ****Please note, if your child is unable to wear a face covering, you must get a doctor's note indicating that your child is exempt from the mask wearing requirement prior to returning to in-person instruction.**** If we assess that the student is unable to wear a face covering for the majority of the time at school, and we do not have a doctor's note, they will have to remain on virtual instruction until we either receive a doctor's note, or until they are able to wear a face covering for the majority of time at school.
- iPad and/or AAC device
- Layer their clothing - We will be outside and windows/doors will remain open, even in cold/warm weather
- Extra change of clothing to keep at school -We will no longer provide extra clothing to students.

Please do not send your child with the following:

- Do not bring anything from home other than their iPad/AAC devices, including backpacks. Students will not be eating meals at school, therefore lunchboxes/food should not be sent to school. We are not permitting transitional items such as toys, books, etc to be sent to and from school. Communication will be done electronically through the student's assigned iPad.

Please ensure that your child eats a well balanced breakfast prior to coming to school. We will not be having any meals at school at this time.

We will provide filtered water and single use disposable cups for students and staff. If you prefer your child to have bottled water, please send him/her with one disposable bottle per day with their name clearly labeled on the bottle. We will throw it out at the end of the day. We will not be saving or storing water bottles.

Staff and Students will be outdoors as much as possible, weather permitting. Also, windows and classroom doors will remain open to allow for maximum air flow throughout the classrooms/building. Therefore, please ensure that your child is adequately dressed for the weather. We strongly encourage dressing in layers.

Due to COVID-19, we will no longer provide a change of clothing for students that soil their clothes. Please send a complete change of clothing (shirt, pants, underwear, socks) to be kept at school. **If your child soils his/her clothing and does not have a change of clothing, you will be called to pick up your child from school.**

Please keep in mind, once the school returns to in-person instruction, if you would like to switch your child from remote to in-person instruction, you must give 1 week written notice prior to switching.

Lastly, **please complete and return the attached Emergency Contact Form for this school year.** It is imperative that we have the correct contact information for both you and your emergency contacts, if needed. If your child is not returning to in-person instruction in October, the completed form can be sent back to us via email or mailed to the school. The school address is 347 N. Farview Avenue, Paramus, NJ 07652.

Thank you for your anticipated cooperation! If you have any questions, please don't hesitate to contact us at the email addresses below. We are looking forward to seeing your child in October!

Sincerely,

David Ruzich
Principal

Kimberly Lange, RN CSN
School Nurse

Principal Dave - principal@davidgregoryschool.com

Nurse Kim - nurse@davidgregoryschool.com

**DAVID GREGORY SCHOOL
EMERGENCY INFORMATION FORM**

School Year _____

Child's Name _____ Date of Birth _____

Address - Street _____ Apt. # _____

City _____ State _____ Zip _____

MOTHER CONTACT INFORMATION

Name _____ Primary Contact Number (circle one) Home / Work / Cell

Home Number _____ Cell Number _____

Work Number _____ Email _____

Address (if different from above) Street _____ Apt. # _____

City _____ State _____ Zip _____

FATHER CONTACT INFORMATION

Name _____ Primary Contact Number (circle one) Home / Work / Cell

Home Number _____ Cell Number _____

Work Number _____ Email _____

Address (if different from above) Street _____ Apt. # _____

City _____ State _____ Zip _____

EMERGENCY CONTACT #1 (If unable to contact Parents/Guardians)

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

EMERGENCY CONTACT #1 (If unable to contact Parents/Guardians)

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

HEALTH INFORMATION

1. Please list any medical conditions or disabilities. If none, please check here. _____

2. Please list all medications/dosage/times, including over-the-counter vitamins, etc. If no medications, please check here.

3. Please list allergies to medication or food and describe reaction. If no allergies, please check here.

4. Additional Information _____

Health Care Provider Information (for emergency treatment when we are unable to contact you)

Preferred Hospital _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Signing this form represents your consent for emergency dental and/or medical care for the above named child, in the event you cannot be contacted. It also authorizes the release of pertinent medical information to be exchanged among staff involved in the care of your child, in order to plan for a safe and healthy environment. It also authorizes the school nurse to contact the above named student's physician(s), as needed.

Print Name _____ Parent Signature _____ Date _____

DAILY HOME SCREENING FOR STUDENTS

STUDENT NAME: _____ DATE: _____

Please check your child for symptoms of illness and complete this mandatory checklist each morning to report your child's information. **If any of the below items are selected, please contact the school nurse promptly. Your child will not be permitted to attend school, and will require clearance from the school nurse.**

SECTION 1: SYMPTOMS

If your child has any of the symptoms listed in **Column A or Column B** of the chart below or has been in close contact with an individual diagnosed with COVID-19, this may indicate the possible presence of illness and/or risk of spreading illness to others. Please note that this chart does not include all possible symptoms and persons with COVID-19 may experience any, all, or none of these symptoms. **Please check your child for these symptoms every morning and report the following concerns regarding potential exposure:**

SYMPTOMS: COLUMN A	SYMPTOMS: COLUMN B
<ul style="list-style-type: none"><input type="checkbox"/> Temperature of 100.0 F or greater<input type="checkbox"/> Chills<input type="checkbox"/> Rigors (shivers)<input type="checkbox"/> Myalgia (muscle pain)<input type="checkbox"/> Headache<input type="checkbox"/> Sore Throat<input type="checkbox"/> Nausea/Vomiting<input type="checkbox"/> Diarrhea/Abdominal Pain<input type="checkbox"/> Fatigue<input type="checkbox"/> Congestion or Runny Nose<input type="checkbox"/> New or Unexplained Rash	<ul style="list-style-type: none"><input type="checkbox"/> New uncontrolled cough (for students with chronic allergic/asthmatic cough, a change in their cough from baseline)<input type="checkbox"/> Shortness of Breath<input type="checkbox"/> Difficulty Breathing<input type="checkbox"/> New loss of smell<input type="checkbox"/> New loss of taste

Was your child given medication for any symptom(s) listed under Column A or Column B?

- YES
- NO

SECTION 2: CLOSE CONTACT/POTENTIAL EXPOSURE

- Had close contact (within **6 feet** for at least **10 minutes**) with a person confirmed to have COVID-19
- Had close contact with household member displaying symptoms of COVID-19
- Student or household family member currently under investigation for COVID-19 or awaiting COVID-19 test results
- Student or household family member traveled **out of state** or **out of the country** within the past 14 days. If so, where? _____
- Lives in area of high community transmission or area currently experiencing outbreak of COVID-19
- Student or a household family member has been advised by a medical provider or public health official to self quarantine for any reason

