



Park Ridge Public Schools
85 Pascack Road
Park Ridge, NJ 07656

Phone: 201-573-6000

COVID-19 SPECIAL PRECAUTIONS PARENT AGREEMENT FORM

This form acknowledges that the outbreak of COVID-19 has been declared a global pandemic, and that the Governor declared a public health emergency on March 9, 2020. This public health emergency has been extended, monthly, since that time and is expected to coexist with the reopening of public schools in September, 2020.

The Park Ridge School District has planned carefully for a resumption of in-person instruction according to guidelines released by the CDC and the New Jersey Department of Education. Certain safety measures, such as social-distancing, the wearing of masks by faculty, staff, and students, and many others have been incorporated into our school protocols.

This resumption of in-person instruction does not come without risk. By sending your child to Park Ridge Schools during the course of the publicly-declared health emergency, you do assume some risk of transmission. In order to minimize that risk, it is critical that you agree to the following terms and conditions for each child you are sending to Park Ridge School District for in-person instruction during the public health emergency.

If any of the conditions below changes, you must report such change to the administration immediately. Note that Park Ridge School District will treat all information with the utmost concern for privacy, and in accordance with all applicable laws and protections for the identity of children and families affected by the pandemic.

___ My student has not had contact with anyone confirmed with COVID-19 in the past 14 days. At any point in the future, if I have reason to believe my student has come into contact with someone with COVID-19, I agree to immediately notify Park Ridge School District staff and keep my student at home.

___ My student is not currently experiencing a fever over 100, difficulty breathing, sore throat, cough, loss of taste, or headache. At any point in the future, if my student has any of these symptoms, I will notify Park Ridge School District staff immediately. I agree to not allow my student to participate in in-person instruction with these symptoms and will wait at least seven (7) days after symptoms have subsided to return to school or provide Park Ridge School District with a COVID-19 negative test confirmation.

___ My student has not had any of the following symptoms in the last 14 days: fever greater than 100 degrees, difficulty breathing, sore throat, cough, loss of taste, or headache.

___ Neither my student nor any member of the direct household has traveled to any state currently listed on the New Jersey Department of Health website as a mandatory quarantine state, within the last 14 days. If travel to any of these states occurs, I agree to immediately notify Park Ridge School District and keep my student at home.