



PARENT COVID-19 "HEALTHY" PLEDGE

At HPS we are committed to keeping our school community both healthy and safe. Keeping a healthy school community is a responsibility that is shared by our students, parents and staff. We ask that you pledge your commitment to a safe and healthy school community by taking the following actions.

I pledge to do my part by evaluating my child(ren) every day for signs of illness using the screening criteria listed below. I will keep my child home from school if she/he/they has a temperature of 100.4 or higher or is not feeling well; communicating illness directly to my child's school and medical provider as necessary. I will also notify the school if my **unvaccinated** child has had close contact with a person with a confirmed case of COVID-19 per NJ Department of Health guidelines.

Health Screening Criteria:

- Fever (100.4 or higher)
- Chills
- Rigors (shivers)
- Myalgia (muscle aches)
- Headache
- Diarrhea
- Fatigue
- Congestion or runny nose
- Cough
- Shortness of Breath
- Difficulty Breathing
- New loss of smell
- New loss of taste

Last and First Name of Parent/Guardian completing this Pledge:

Last Name, First Name: _____

Email Address: _____

Signature: _____

Student's Name: _____

To help us develop health related policies, we request your assistance in providing a copy of your child's vaccination card. While this is optional, this information will be helpful for contact tracing, isolation and quarantine requirements. Please send in or email a copy of the card to the school nurse, Sandy Sanchez at nurse@hunterdonprep.org.

Vaccine Status:

- ☐ My child has completed the primary series of COVID-19 vaccinations
- ☐ My child has received a COVID-19 booster shot
- ☐ I choose not to answer