September 1, 2020

Dear Ocean County Vocational Technical School Families,

As we prepare to welcome back students and staff amid these unprecedented times, we wanted to take a moment to remind you of some very important Health & Safety Information that will help guide us to a safe and effective re-opening. We know some of you are anxious to return. This guidance is intended to ensure that we are all working together to keep our students, their families and our staff safe. The most important of which is closely adhering to the Symptoms/Close Contact/Exposure form attached to this memo. Parents – you must on a daily basis ensure that your child does not meet any of the exclusion criteria contained within. If they do, PLEASE KEEP YOUR CHILD HOME as per the Direction of the Ocean County Health Department. These are the same criteria that our school nurses will use in the event a child arrives at or becomes sick at school. If your child is sent home from school with a COVID related cluster of symptoms you will be provided with a return to school questionnaire by the school nurse that must be completed before your child returns to school.

Collectively we must set the example for the children, as they take their cues from us. Wearing face coverings is now mandatory per the governor’s directive. All students are expected to bring a face covering. You can help by finding a reusable/washable face covering that our child is comfortable wearing. For guidance on acceptable face coverings, please see the CC’s webpage https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html. Additionally, all face coverings must be school appropriate and in line with district standards for student dress codes. Students will be disciplined and may be sent home for willfully not adhering to OCVTS’s face covering requirements.

Also attached for informational purposes are the Center for Disease Control handouts to “How to Safely Wear and Take Off a Mask” and “Casual Vs. Close Contact”. Please review these as consistently and safely wearing a face covering and avoiding “close contact” will be crucial to our reopening success.

Finally attached to this memo is a copy of our OCVTS emergency card. We are asking you to print and send this form back with your child as soon as possible. Students who are attending virtually full-time must send this back to via mail.

Sincerely,

Mrs. Karen Homiek
Superintendent

Dr. Michael B. Maschi
Assistant Superintendent

www.ocvts.org
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 and children with COVID-19 may experience any, all, or none of these symptoms. Please check your child daily for these symptoms:

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever (measured or subjective)</td>
<td>Cough</td>
</tr>
<tr>
<td>Chills</td>
<td>Shortness of Breath</td>
</tr>
<tr>
<td>Rigors (shivers)</td>
<td>Difficulty Breathing</td>
</tr>
<tr>
<td>Myalgia (muscle aches)</td>
<td>New loss of smell</td>
</tr>
<tr>
<td>Headache</td>
<td>New loss of taste</td>
</tr>
<tr>
<td>Sore Throat</td>
<td></td>
</tr>
<tr>
<td>Nausea or Vomiting</td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
</tr>
<tr>
<td>Congestion or runny nose</td>
<td></td>
</tr>
</tbody>
</table>

If TWO OR MORE of the fields in Column A are checked off OR AT LEAST ONE field in column B is checked off, please keep your child home and notify the school for further instructions.

Close Contact/Potential Exposure

Please verify if:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Your child has had close contact (within 6 feet of an infected</td>
</tr>
<tr>
<td>person for at least 10 minutes) with a person with confirmed</td>
</tr>
<tr>
<td>COVID-19</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Someone in your household is diagnosed with COVID-19</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Your child has traveled to an area of high community transmission.</td>
</tr>
</tbody>
</table>

If ANY of the fields in Section 2 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.

This checklist is for your use only as a tool – it does not need to be returned on a daily basis.
WEAR YOUR MASK CORRECTLY
- Wash your hands before putting on your mask
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2

USE A MASK TO HELP PROTECT OTHERS
- Wear a mask to help protect others in case you’re infected but don’t have symptoms
- Keep the mask on your face the entire time you’re in public
- Don’t put the mask around your neck or up on your forehead
- Don’t touch the mask, and, if you do, clean your hands

FOLLOW EVERYDAY HEALTH HABITS
- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available

TAKE OFF YOUR MASK CAREFULLY, WHEN YOU’RE HOME
- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place mask in the washing machine
- Wash your hands with soap and water

Personal masks are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a mask, see: cdc.gov/coronavirus
CASUAL VS CLOSE CONTACT

Casual Contact
Defined as being in the same indoor environment (e.g., classroom, office, gathering) with a symptomatic confirmed COVID-19 case.

Close Contact
Individuals who were within 6 feet of a confirmed COVID-19 case for a prolonged period of time (approximately 10 minutes or more) or had direct contact with the infectious secretions of a COVID-19 case (e.g., were coughed on).
**SECONDARY STUDENT EMERGENCY PROCEDURE CARD**

**SCHOOL YEAR**

Social Security # 

<table>
<thead>
<tr>
<th>Pupil Name</th>
<th>Last</th>
<th>First</th>
<th>Birth Date</th>
<th>Age</th>
<th>Grade</th>
</tr>
</thead>
</table>

**Address**

<table>
<thead>
<tr>
<th>Street</th>
<th>Town</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home School</th>
<th>Voc. Course</th>
<th>Student Cell Phone</th>
<th>Session (AM) (PM)</th>
</tr>
</thead>
</table>

Vocational Center:  
- [ ] Brick  
- [ ] Lakehurst  
- [ ] Jackson  
- [ ] MATES  
- [ ] Toms River  
- [ ] Waretown

In case of an emergency, illness, accident or to pickup, the school staff is authorized to contact any of the following:

**Parent/Guardian**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone #</th>
</tr>
</thead>
</table>

If unable to reach parent/guardian, the following are authorized to be called by school staff:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Relation to student</th>
</tr>
</thead>
</table>

1. **Has your child had any illness, injury or operation in the past year?**  
   - [ ] Yes  
   - [ ] No  
   Specify and give date(s):

2. **Give date of last tetanus**

3. **Does your child have any medical condition the school should be aware of?**  
   - [ ] Yes  
   - [ ] No  
   Such as:
   - [ ] Asthma  
   - [ ] Food Allergies  
   - [ ] Seizure  
   - [ ] Back Problems  
   - [ ] Hearing Problems  
   - [ ] Thyroid Problems  
   - [ ] Diabetes  
   - [ ] Heart Problems  
   - [ ] Vision (contacts ___ glasses ___ color blind ___)  
   - [ ] Drug Allergies  
   - [ ] Orthopedic  
   - [ ] Other: Specify checked condition: ____________________________

4. **Does you child take any medication(s) on a regular basis?**  
   - [ ] Yes  
   - [ ] No  
   Please specify ______________________________________________________

   If it is necessary for your child to take any medication in school, it must be brought to the school nurse by the parent. No student is allowed to carry prescription or non-prescription medications on them unless approved by the MD, School Nurse, and all paperwork is complete. Any unauthorized medications can be held at OCVTS for parent, guardian, adult designee for pick up.

5. **Does your child need to carry an inhaler?**  
   - [ ] Yes  
   - [ ] No  

6. **Does your child need to carry an Epi-Pen?**  
   - [ ] Yes  
   - [ ] No

7. **Does your child have Health Insurance?**  
   - [ ] Yes  
   - [ ] No

<table>
<thead>
<tr>
<th>Name of Health Insurer</th>
<th>Policy #</th>
<th>ID #</th>
<th>Group #</th>
</tr>
</thead>
</table>

NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

**Signature**  
**Printed Name**  
**Date**

Written consent required pursuant to 20 U.S.C § 1232g (b)(1) and 34 C.F.R. 99.30 (b)

As parent or guardian of this child, I verify that the information listed is accurate. I authorize the school nurse and/or appropriate school personnel to render whatever aid is deemed necessary for the health and safety of my child and to share health matters with appropriate school and medical personnel. I understand that it is my responsibility to properly complete, sign, submit this card to OCVTS, to report any health changes to the OCVTS nurse, and to obtain from my doctor and submit a medical limitation/clearance note specifically for their vocational program for health and safety reasons at the request of the OCVTS Nurse or administrator. I understand and agree to abide by OCVTS Medication Policy and Procedures.

**Ocean County Vo-Tech Schools Permit for Educational Field Trips**

I approve the participation of my son/daughter in school sponsored educational trips with his/her vocational program. I understand that such trips will be properly supervised by a member of the faculty and that advanced information about the activity will be made available. I agree to instruct my child to follow all directions concerning good behavior, safety and special procedures.

**Signature of Parent or Guardian**  
**Relationship**  
**Date**

_________