



COVID 19 RISK MITIGATION ATTESTATION FORM

Please complete and accept the following statement in order for your daughter to participate in educational activities on campus at Sacred Hearts Academy during the Fall 2021 semester. This attestation is effective August 1st through December 31st, 2021. Please return your completed form to healthroom@faculty.sacredhearts.org by August 9th. Students without a completed form will not be allowed on campus after August 13th until the form is submitted.

I am a parent or guardian of a student enrolled at Sacred Hearts Academy for the 2021 – 2022 school year. I understand that school health and safety is a responsibility shared by students, faculty, staff and families at the Academy. To help ensure the health and safety of the Sacred Hearts Academy community, I agree that

- 1) My daughter and my family must comply with all required procedures in the 2021 – 2022 *Back to School Plan* to ensure, to the extent possible, my daughter's health and safety as well as the health and safety of others at the Academy.
- 2) I will monitor my daughter's health daily to ensure that she is well and able to be at school.
- 3) If I observe that my daughter or member of my household has symptoms of illness prior to leaving for school in the morning, I will keep her at home and notify the attendance clerk by phone at 734-5058 x248 or by email at attendance@faculty.sacredhearts.org by 8:00 am.
- 4) I will notify my daughter's principal promptly if ...
 - anyone in my household, I or my daughter has traveled outside of Hawaii within the last 14 days and was required to quarantine upon return.
 - Anyone in my household (except family members working in a healthcare environment or as a first responder wearing PPE) has been in close contact or cared for someone with COVID, someone currently in quarantine or someone awaiting a COVID test within the last 10 days.
 - Anyone in my household, I or my daughter have experienced any cold or flu-like symptoms in the last 10 days (fever, cough, shortness of breath or other respiratory problems).

Daughter's Name: _____ Grade: _____

Parent/Guardian Name

Parent/Guardian Signature

Date: _____