

# SACRED HEARTS ACADEMY

3253 Waialae Avenue • Honolulu, Hawaii 96816 • 808-734-5058 • Fax 808-737-7867 • [www.sacredhearts.org](http://www.sacredhearts.org)

## 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 spring 2022 semester. This attestation is effective January 5<sup>th</sup> through May 28<sup>th</sup>, 2022. Please return your completed form to [healthroom@faculty.sacredhearts.org](mailto:healthroom@faculty.sacredhearts.org) by January 5<sup>th</sup>. Students without a completed form will not be allowed on campus after January 7<sup>th</sup> 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](mailto: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: \_\_\_\_\_