

Holland, MI 49424
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616-393-5643

Fax:

Gwen Unzicker, M.D.

Medical Director

## ATTESTATION September 15, 2021

I declare that I am the Principal or Head Administrator of	
Schoo	l and that I have been present at the School and have enforced the Health Officer's August 20, 2021
Order	("Order") to the best of my knowledge and belief.
I furth	er attest that I have consistently advised parents and teachers that the limited mask mandate in the
Order	is not optional and is not a matter of parental or personal choice, rather the only exceptions to the
face co	overing obligation are those contained in the Order.
I furth	er attest that I have instructed my staff to provide a mask to any pre-K to 6th grade student who does
not ha	ve one. Any student who does take the mask off must therefore replace it or be directed to the office
where	the parent is then called and asked to promptly pick the child up.
Finally	y, I attest that I have consistently corrected any violations of this Order among staff and students.
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Signat	rure of Principal or Head Administrator
Print N	Name
Dlaaca	return a signed convert this attestation through mail a mail or fav no later than Contember 22
<b>2021.</b>	return a signed copy of this attestation through mail, e-mail or fax no later than <b>September 22</b> ,
Attn: E	Educational Setting Attestation Form
Mail:	Ottawa County Department of Public Health
	12251 James Street, Suite 400