



**Waldorf**  
School of Pittsburgh

## **WSP Health and Safety Plan Family Acknowledgment**

The Waldorf School of Pittsburgh's Health and Safety Plan outlines the School's mitigation strategies to reduce the spread of COVID-19 on campus, including a number of community expectations, health protocols, and hygiene practices. All members of the Waldorf School of Pittsburgh (WSP) community are asked to take responsibility for their own health and fully cooperate with the School's Health and Safety Plan and all other mitigation efforts to help keep our entire community as safe as possible. However, it is impossible to eliminate the risk of COVID-19 entirely. Based on current information and guidance from authorities, the evidence suggests that asymptomatic people are believed to be contagious. As such, while WSP is undertaking its best efforts to ensure a safe return to school, our plan relies upon WSP's families to comply with the Health and Safety Plan. In order to ensure compliance from all WSP stakeholders with the Health and Safety Plan, WSP is requiring that all families acknowledge receiving the Health and Safety Plan and that they agree to comply with its terms.

### **Acknowledgement and Commitment**

I/we acknowledge receiving the Waldorf School of Pittsburgh's 2022-2023 Health and Safety Plan; I/we acknowledge my/our obligation to comply with all of the protocols, guidelines, and expectations outlined in the plan; and I/we commit to cooperate with all other mitigation efforts of the School. I/we recognize my/our responsibility for my/our own family's health and also my/our shared responsibility in keeping others in the WSP community safe. I have carefully read and fully understand all provisions of this acknowledgment. By signing, I/we agree to comply with all provisions of WSP's Health and Safety Plan. I/we acknowledge that failure to comply with the WSP Health and Safety Plan may result in dismissal without refund of tuition and/or other consequences.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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