



THE IHM WEEKLY

Immaculate Heart of Mary School

Immaculate Heart of Mary School is a Community of Faith in which school and parents join together in the formation and education of each child to achieve a balance of faith, character, and academic excellence.

Graduates of Immaculate Heart of Mary strive to become:
Children of Faith and Morality



MESSAGE FROM THE PRINCIPAL SEPTEMBER 8, 2021

Dear Eagles,

As a reminder, **please keep your child at home if they are experiencing any COVID symptoms** - fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. If students are feeling ill, they are expected to rest; they are not expected to join classes via Zoom. Your child's teacher will help them make up any missing assignments upon their return to school.

In addition, **participating in class via Zoom requires a distance learning contract**; it is not for occasional use. Please do not request Zoom links from your child's teacher unless you have a distance learning contract. Thank you for your cooperation.

Finally, we are very blessed to have so many members of our community who have offered to volunteer. **Any adults coming onto campus must submit proof of vaccination or a current negative test result (within 3 days of volunteering)**. Our #1 priority is always the safety and well-being of our students. Thank you for helping us ensure that we are keeping our community safe.



EXTRA, EXTRA, READ ALL ABOUT IT!
IMPORTANT NEWS AND ANNOUNCEMENTS

- Again, please be sure to review our **dress code** (found [here](#)), taking special note of the hair, makeup, and jewelry regulations. We understand that uniforms are still back-ordered everywhere and will be taking this into consideration.
- Our next **COVID testing** event is on **Friday, September 10th**. If you already filled out the consent form from our back-to-school meeting, you do not need to fill one out again. If you have not yet filled one out, you may do so using the form on p. 3.
- Picture day is Tuesday, September 14th**. Students are asked to order the \$15 picture package, which includes 2 4x6 prints, 1 8x10 class photo, and digital access to the portraits via Dropbox. See the order form on p. 4 for more details. 8th graders will also be provided with a cap and gown so that they can take their graduation portraits.
- Our first **Family Fun Day is on Sunday, September 19th**. Join us for Mass at 9:30 AM followed by food, fun, and games in the school yard.
- As a reminder, **morning drop-off takes place with the youngest child**. TK-2nd grades begin the school day promptly at 8:00 AM and 3rd-5th grade at 8:15 AM, regardless of the car line ending at 8:30 AM. Please be sure to bring your child to school on time so that they do not miss out on any important lessons at the beginning of the school day.
- Beginning next week (Monday, August 13th) **dismissal will take place with the eldest child**. As the school year has progressed, our Junior High teachers have agreed that they need a bit more time at the end of the day with their students. This should also help ease up the traffic flow. Thank you for your flexibility in this matter.
- If you are looking to complete your **service hours**, there are opportunities to help with daily lunch yard duty (from 11:00 AM-1:15 PM) and after school during the Extended Day Program (from 2:00-6:00 PM). Our choir also needs supervision during their study hall from 3:00-4:00 PM on Tuesdays. TK-2nd grades need assistance during Mass on Fridays. Volunteers are asked to show proof of vaccination and are encouraged to be VIRTUS trained/fingerprinted. Please email me if interested.

Have a wonderful rest of your week!
Ms. Bautista



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Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Gender: M or F Age: _____ Grade: _____

Address: _____

City: _____ CA Zip: _____

Phone# _____ Email: _____

Parent Name: _____

Insurance Plan: _____ ID: _____

1. **Medical Consent:** I consent to any medical treatments or procedures which may be performed on an outpatient basis (including emergency treatment or services), which may include but are not limited to medications, injections, taking of medical photographs, laboratory procedures, and/or x-ray examinations provided to me under the general and special instructions of the physicians staff, or other health care providers of Paul Suggang, DO, Inc. (DBA Suggang Family Medicine) and all its Associated Affiliates assisting in my care.

2. **Financial agreement:** I understand that all charges are due at the time of service. I agree to pay Suggang Family Medicine for all charges for healthcare services and professional services provided to me by physicians and other health care professionals. Acceptable forms of payment include Visa, MasterCard, Discover, Venmo and ApplePay. We do not take cash for home visits.

3. **Release of Medical Information:** I hereby authorize Suggang Family Medicine to release any information in my chart to any practitioner, doctor, hospital, or medical institution to which I may be referred to assist in my care. Additionally, I authorize Suggang Family Medicine to provide a copy of my medical records to my primary care physician (PCP) to allow for continuity of care.

Disclaimer:

Please be advised that currently there are no tests approved by the United States FDA for SARS-CoV-2 which is the virus that causes the disease COVID-19. However, the United States FDA has made the Coronavirus Sofia Antigen Test available under Emergency Use Authorization. Furthermore, the latest data from the manufacturer, BD, shows that the sensitivity of this test is above 96.7% and the specificity is close to 100%. For any further questions regarding the test and its specifications, please visit BD.com for a comprehensive overview.

I, the undersigned, hereby authorize Suggang Family Medicine and all of its associated affiliates to provide medical procedures to be performed on myself/child. By signing, I fully understand that I am responsible for any fees incurred regardless of insurance coverage or Medicare coverage.

Parent Signature: _____ **Date:** _____

