



CENTRAL SCHOOL DISTRICT

LEARNING TODAY FOR THE CHALLENGES OF TOMORROW

Student Mask Exemption Request

In compliance with the State Public Health Order dated July 17, 2020, district students will be required to wear face coverings while attending in-person at school to the extent required by applicable federal, state, or local laws, regulations ordinances, emergency orders, or state/local school board action.

The District recognizes that some students may have medical conditions, disabilities, or mental conditions for whom wearing a face covering or attending school in-person may be detrimental, and thus the District will reasonably accommodate these students.

To receive an exemption from wearing a mask or attending school in-person, this form must be completely filled out by you and your child's physician (page 2) and returned to school PRIOR TO THE FIRST DAY OF ATTENDANCE.

Student's Full Name:	Student ID Number:	Student Date of Birth:
Home Address:	School:	Grade:
Student Currently Has (check the one that applies)		
<input type="checkbox"/> Individualized Education Plan (IEP)	<input type="checkbox"/> Section 504 Plan	
<input type="checkbox"/> Other specific school health orders	<input type="checkbox"/> N/A	
Parent Consent for Two Way Communication		
I affirm that my student has been diagnosed with the medical condition(s) described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with School District officials.		
Parent/Guardian Name (print):		Date:
Parent/Guardian Signature:		
Parent Consent to Face Covering Exemption		
Face Masks over the nose and mouth are one of the best measures for preventing the transmission of COVID-19 (please initial)		
<input type="checkbox"/> I understand that by my child not wearing a face covering, they are at higher risk of exposure to and transmission of COVID -19		
<input type="checkbox"/> I recognize this exemption to wear a face covering may result in my student being quarantined in the event of a COVID Exposure.		
<input type="checkbox"/> I understand additional mitigation strategies such as a face shield with drape, desk shield and/or physical distancing in the classroom will be utilized.		
<input type="checkbox"/> I understand I can discuss alternative educational opportunities that place my student at lower risk of COVID exposure with the School District.		
Parent/Guardian Name (print):		Date:
Parent/Guardian Signature:		



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Medical Certification	
<p>As the student's health care provider, I certify that this student has a physical or mental impairment that substantially limits a major life activity and which makes it medically inadvisable, impractical, or impossible for student to wear a face covering because:</p> <p><input type="checkbox"/> it could cause harm or dangerously obstruct breathing.</p> <p><input type="checkbox"/> the student is incapacitated to the extent he/she is unable to remove a face covering without assistance.</p> <p><input type="checkbox"/> student's cognitive disability prevents him/her from wearing a face covering.</p> <p>Medical Exemption:</p> <p><input type="checkbox"/> This medical exemption is permanent.</p> <p><input type="checkbox"/> This medical exemption is temporary (temporary exemption ends on ____, ____, ____)</p> <p><input type="checkbox"/> I authorize staff to work with this student in an effort to increase mask wearing ability.</p>	
Name of the Medical Provider (Print):	Medical License #:
<p>Based on the nature of this student's impairment and potential difficulty maintaining physical distancing within the school environment:</p> <p><input type="checkbox"/> A transparent plastic face shield with drape WOULD BE a reasonable alternative to a face covering</p> <p><input type="checkbox"/> A transparent plastic face shield with drape WOULD NOT BE a reasonable alternative to a face covering.</p>	
Signature of Medical Provider:	Date:
Student Face Covering Exemption Determination (District Use Only)	
Face Covering Exemption: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Student currently has an <input type="checkbox"/> Individualized Education Plan IEP <input type="checkbox"/> 504 Plan	
Administrator Name:	Date: