

Manhattan School District 114

“Where We Succeed Together”

MSD114 MASK EXEMPTION FORM

Student Name: _____ Date of Birth: _____

School: _____

Parent/Guardian Name: _____

Phone Number: _____

1. TO BE COMPLETED BY STUDENT’S PHYSICIAN

The above named student is under my medical care and is unable to wear a mask while attending school.

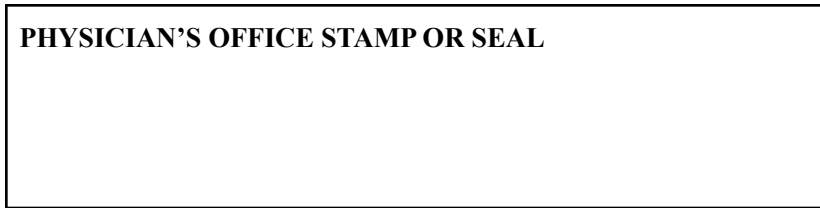
Reason for Mask Exemption:

1. Child is unable to remove his/her own mask.
2. Child has a medical diagnosis that impedes him/her from wearing a mask.

Child’s Diagnosis: _____

Physician Signature (MD, DO, APN): _____

Date: _____



2. TO BE COMPLETED BY THE STUDENT’S PARENT/GUARDIAN

I _____, Parent/Guardian of _____ authorize my child to attend school while not wearing a mask. I understand that this does not exempt my child from any other protocols or guidelines related to social distance or contract tracing as outlined by the IL Dept of Public Health and the IL State Board of Education COVID-19 protocols.

I further acknowledge and agree that, as a result of attending school, I waive any claims I might have against the Manhattan 114 School District, and its employees and agents, arising out of exposure to COVID-19. In addition, I agree to indemnify and hold harmless, Manhattan School District 114 and its employees and agents, either jointly or severally, from and against all claims, damages, causes of actions or injuries, including reasonable attorney’s fees and costs expended in defense thereof, incurred or resulting from the administration of said exposure, except a claim based on willful or wanton conduct.

Parent/Guardian Signature: _____

Date: _____