



## MASK EXCEPTIONS AND ACCOMODATIONS FORM

Student Name (please print) \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

Student's Grade Level \_\_\_\_\_

School \_\_\_\_\_

**In accordance with the Mask Order issued on August 12, 2021 by the Virginia Health Commissioner, I, the parent or guardian of the student listed above, am requesting an exception to the current mask policy for my child based on one of the following options:**

\_\_\_\_\_ My child has a medical or mental health condition that prevents the wearing of a mask - this includes but is not limited to persons with medical conditions for whom wearing a mask could obstruct breathing, who are unconscious, incapacitated or otherwise unable to remove a face covering. *PCPS reserves the right to request appropriate documentation to support this request.*

\_\_\_\_\_ My child has a disability or meets at-risk criteria and wearing a mask would inhibit communication or the receiving of services; this may include individuals with an Individual Educational Plan (IEP) or Section 504 plan under the Rehabilitation Act. However, having an IEP or a Section 504 Plan is not, in and of itself, a guarantee that an exception will be approved. *Required: In the space below, please explain your child's disability and why you believe it qualifies for an exception. PCPS reserves the right to request appropriate documentation to support this request.*

**Form continues on the back.**

**Parent/Guardian: Please initial next to each of the following statements to indicate that you have read and understand each item:**

\_\_\_\_\_ I understand that PCPS reserves the right to request additional documentation if needed.

\_\_\_\_\_ I understand the PCPS will review my request for an exception and will notify me via email if the exception is approved or denied within three to five business days of my submission of the exception form and documentation, if necessary. I further understand there is no appeal process if my request for an exception is denied by the division.

\_\_\_\_\_ If my request is approved, I understand that division will contact me to coordinate reasonable alternatives or accommodations for my child.

\_\_\_\_\_ I understand that my child will be required to wear a mask until such a time as an exception is approved and accommodations are in place.

\_\_\_\_\_ I understand that if granted an exception it does not apply when my child is on a PCPS school bus, or in a PCPS car or van, as there is a federal order transportation mask mandate in place for which these exceptions do not apply.

\_\_\_\_\_ I understand that it is my responsibility, regardless of mask exception status, to do a daily health assessment of my child to ensure they are symptom free before sending them to school. If my child is exhibiting symptoms of COVID-19 or any other disease, I understand it is my obligation to keep them at home and consult with a health care professional if necessary. A list of symptoms can be found on the PCPS webpage under COVID-19.

Parent/Guardian's Name (please print) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Email Address (please print) \_\_\_\_\_

Date \_\_\_\_\_

Please return this form and any necessary documentation to your child's school nurse or principal.

You may also email a copy of this form and the necessary documentation to

[infopcps@pagecounty.k12.va.us](mailto:infopcps@pagecounty.k12.va.us)