



LAWTON PUBLIC SCHOOLS

Student Mask Opt-Out Form

CONSENT FORM TO OPT-OUT FACE MASK REQUIREMENT

If a parent, guardian, legal custodian, or eligible student (must be at least 18 or otherwise authorized to provide consent) indicates that compliance with mask use is not possible due to medical, religious, or personal beliefs, they may request an exemption in writing.

****SIGNED FORM MUST BE ON FILE AT YOUR CHILD'S SCHOOL****

Parent/Guardian Information

First and Last Name:		
Street Address:		
City:	State:	Zip Code:
Cell Phone:	Email:	

Student Information

First and Last Name:		
School:	Date of Birth:	
Street Address:		
City:	State:	Zip Code:

Exemption Type

<input type="checkbox"/>	Medical: I hereby certify the above-named child has a medical condition(s) that prevents compliance with the mask requirement.
<input type="checkbox"/>	Religious: I hereby certify the mask requirement conflicts with the religious beliefs of the above-named child.
<input type="checkbox"/>	Personal: I hereby certify I have a personal objection to the mask requirement for the above-named child.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date