

**CONSENT FORM TO OPT-OUT
MANGUM PUBLIC SCHOOL STUDENT 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 strong personal beliefs, they may request an exemption in writing.

****RETURN TO YOUR CHILD'S SCHOOL****

PARENT/GUARDIAN/LEGAL CUSTODIAN INFORMATION

First and Last Name (Legal)	
Address	
City, State, ZIP	
Phone	

STUDENT INFORMATION

First and Last Name (Legal):	
Date of Birth	
Grade	

TYPE OF EXEMPTION

- ☐ MEDICAL: I hereby certify that my child has a medical condition(s) that prevents the above named child from complying with the mask requirement.
- ☐ RELIGIOUS: I hereby certify that the mask requirement is contrary to the teachings of the above named child's religion.
- ☐ PERSONAL: I hereby certify that the mask requirement is contrary to my beliefs.

**** Please use the reverse side to write a brief statement summary of your objections ****

By signing below, attest that:

- ☐ I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student.
- ☐ I understand and agree that nothing herein shall relieve the parent, guardian, legal custodian, or student named from any liability associated with the student not wearing a mask.
- ☐ I acknowledge that the CDC officials recommend universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.
- ☐ I agree on behalf of myself and the student to hereby release the school and Mangum Schools from any and all liability associated with the student not wearing a mask.
- ☐ I will notify the student's school in writing if I choose to revoke my consent.

Signature of Student's Legal Guardian or Eligible Student:

Date Signed