



Brad Ritchey, Ph.D.  
Superintendent

Kay Altenburger  
Treasurer

Face Covering Waiver

As we prepare to reopen schools for the 2020-2021 school year, the district will incorporate multiple layers of health protection for students and staff members. These recommendations and guidelines are drawn from current scientific knowledge of COVID-19 and its spread. One precaution is to wear face coverings.

Milton-Union reopening expectations for face coverings:

*All K-12 students and staff members will wear face coverings. If a cloth face mask cannot be worn for medical reasons, face shields may be substituted with documentation from a physician.*

We understand wearing face coverings of any kind may not be medically feasible for some students. To receive an exemption from this requirement, please have your student’s physician complete the form below and return it to the building principal by September 4, 2020. Along with the *Face Covering Waiver*, the district will also require the [Authorization to Disclose Health Information](#) signed by the parent/guardian.

We continue to partner with health care professionals and Miami County Public Health for guidance and direction on how to responsibly care for students unable to wear face coverings while at school.

Please ask your child’s **physician** to review and sign the Face Protection Waiver below for documentation.

As \_\_\_\_\_ physician and due to his/her  
(student’s name)

\_\_\_\_\_, it is not advisable for him/her  
(medical condition)

to wear a:

Face Mask:      YES          NO\*      (Circling “yes” indicates the student CAN wear a cloth face mask.)

Face Shield:      YES          NO\*      (Circling “yes” indicates the student CAN wear a face shield rather than a face mask.)

\* Circling “no” for both medically exempts the student from wearing either type of face covering.)

Please advise us with your best practice medical options for \_\_\_\_\_  
(student’s name)  
while at school or any school activity.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
(School Year 2020-2021)

***Authorization to Disclose Health Information with parent/guardian signature also required.***



MILTON-UNION EXEMPTED VILLAGE SCHOOLS

Board of Education Office

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**Release of Information**

RE: \_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Student's Date of Birth)

Regarding the student named above: I, \_\_\_\_\_, give Milton-Union Schools permission to release information to or obtain information from the following individual:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

I authorize this exchange of information with the understanding that the District cannot assume responsibility for the confidentiality of the information disclosed.

I understand that this permission is in effect for the current school year, \_\_\_\_\_ .  
(School Year)

\_\_\_\_\_  
(Date of current school year)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip)

Return completed form to the building principal.