



## Request for an Accommodation Related to Mandatory Face Covering (Mask) Use

During the COVID-19 pandemic, face covering requirements will be enforced for the safety of all students, staff, and visitors on our campus. Requests for accommodation related to medical exemptions will be reviewed by district medical personnel and considered on a case by case basis. Even in situations in which a medical exemption need is approved, the District will assess whether alternative mitigation measures or other accommodations are necessary and appropriate (e.g. alternative PPE, social distancing) or whether the nature of the activity and other factors can safely permit the exemption. ***When assessing the nature of the activity in regards to the exemption, the District cannot guarantee in-person attendance, bus ridership, or participation in extracurricular activities if it is deemed the exemption would present an undue risk to others.***

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

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

Reason for request:

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Student's Disability or Medical Condition:

Does the Student have:

- District Health Plan
- IEP
- Section 504

Plan Medical documentation from healthcare provider:

For the Healthcare provider: What is the medical condition that prevents the student from wearing a face covering? \_\_\_\_\_

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Can the student wear a face covering at any time during the school day?

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If so, under what conditions is the student able to wear a face covering?

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Under what conditions is the student unable to wear a face covering?

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What, if any, accommodation(s) does the student need related to the District's face covering rule requiring face coverings on campus? For how long would such accommodation(s) be necessary?

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Any other information necessary for the school district to provide educational services safely for the student? \_\_\_\_\_

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Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent to Communicate with Health Care Provider**

I \_\_\_\_\_ (parent) give permission and consent to the school nurse to communicate with my health care provider regarding my request for my child \_\_\_\_\_ not to wear a face covering in school or receive an accommodation related to the face covering requirement. This consent is effective for the 2020-2021 school year.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The school health nurse will review the form and contact you regarding any additional information required. Pupil Services will contact you regarding additional meetings, IEP or Section 504 Plan, required to consider the request.