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

Parent Name: _____

Student Name: _____

Reason for request: _____

_____

Student's Disability or Medical Condition:

Does the Student have a:

☐ 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?

_____

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

_____

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

_____

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

_____

What, if any, accommodation(s) does the student need related to the District's face covering guidelines? For how long would such accommodation(s) be necessary? -

_____

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

Physician Signature: _____

Date: _____

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 2021-2022 school year.

Parent or Guardian Signature_____ Date _____

The school nurse will follow up with physician's office to clarify the need for the accommodation request.

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*Please understand that this form will allow school personnel to further conversations in regards to next steps in order to assure the health and safety for all. This may include, but not limited to, conversations on how to keep students physically distanced (3 - 6 ft) as well as the appropriate educational setting. Our goal will continue to be making sure your student, as well as others, are as safe as possible when on school property.

The school nurse will review the form and contact you regarding any additional information required.

Student Services will contact you regarding additional meetings, IEP or Section 504 Plan, required to consider the request.