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

Parent Name: _____

Student Name: _____

Reason for request: _____

Student's Disability or Medical Condition:

☐ District Health Plan ☐ IEP ☐ Section 504 Plan ☐ Other Medical Condition

Type of Disability (explain): _____

Medical documentation from healthcare provider (Completed by Healthcare Provider):

What date did you start treating the student for this condition? _____

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 policy and Governor Evers' statewide face covering mandate? 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?_____

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

_____ _____

Healthcare Provider Signature Date

_____ _____

Healthcare Provider Printed Name Phone Number

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