



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:

District Health Plan IEP Section 504 Plan

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 or CDC face covering mandate on buses? 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?

Healthcare Provider Signature _____ **Date** _____

Healthcare Provider Printed Name _____ Phone Number _____

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/on bus 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 District 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.*
- ***Mask exemptions on buses** are limited by the CDC's order. Who is covered by the exemption: "a person with a disability who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the Americans with Disabilities Act (ADA, 42 U.S.C. 12101 et seq.)"* (9/2021)