

COVID-19 FACE COVERING REQUIREMENT EXCEPTION REQUEST FORM FOR STUDENTS



COVID-19 GUIDANCE | Last updated 08/09/21

All students in HCPS buildings are expected to wear face coverings at all times, except when actively eating or drinking or during designated mask breaks. Requests for exceptions to this rule will be considered on a case-by-case basis for students with a medical or behavioral condition or disability that renders mask-wearing harmful or medically inadvisable.

INSTRUCTIONS: *If you are a parent or legal guardian of a student whom you identify as unable to comply with the face covering requirement and you are requesting an accommodation for your student, please use this form to make the request and ask your child's current medical provider to complete the certification portion. Requests should be submitted to your student's principal.*

Student Name	Student ID Number	Student Date of Birth
Home Address		School/Grade
<p>Student Currently Has:</p> <p> <input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Health Plan <input type="checkbox"/> N/A </p>		
<p>Reason for request for accommodation:</p> <p>Identify the accommodation you are requesting:</p> <p> <input type="checkbox"/> For my student to be provided extra breaks to remove their face covering <input type="checkbox"/> For my student to be excused from wearing a face covering during certain activities </p> <p>Specify activities:</p> <p> <input type="checkbox"/> For my student to be excused from wearing a face covering during the school day <input type="checkbox"/> Other: _____ </p>		

Student Name _____ Student Date of Birth _____

Parent Consent for Two Way Communication	
I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with HCPS officials.	
Parent/Guardian Name (please print)	Signature of Parent/Guardian
Date	Parent Telephone

Medical Certification (to be completed by Licensed Healthcare Provider)	
<p>As the student's healthcare provider, I certify that this student has a physical, medical, or mental impairment that substantially limits a major life activity AND this condition interferes with the student's ability to wear a face covering during school hours.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> <i>I will make myself available to meet with school officials, if deemed necessary, and potentially other physicians to review the student's medical needs</i></p> <p><input type="checkbox"/> No</p> <p>Please identify the medical condition and how it impacts the student's ability to wear a face covering:</p> <p>Recommendation: Please indicate 1, 2, or 3:</p> <p><input type="checkbox"/> 1. The student is incapacitated to the extent of being unable to remove a face covering without assistance.</p> <p><input type="checkbox"/> 2. A face covering could cause harm, is inadvisable/impracticable, or dangerously obstructs breathing at ALL times.</p> <p><input type="checkbox"/> 3. Face coverings can be worn to some extent, but due to the student's condition I recommend:</p> <ul style="list-style-type: none"><input type="checkbox"/> Breaks from face covering in addition to those already built into the school day (breakfast, lunch, outdoor recess)<input type="checkbox"/> Removal if respiratory distress occurs<input type="checkbox"/> For student to be excused from wearing a face covering during certain specific activities <p>Specify activities:</p> <p><input type="checkbox"/> Use of an alternative or modified face covering if deemed safe (identify modification)</p>	
Name of Health Care Provider (Print)	Signature of Health Care Provider
Date	Telephone

Student Name _____ Student Date of Birth _____

For HCPS staff use only

- Request is approved
- Request is denied
- No medical documentation
- More information needed - please specify below:

Principal or Principal Designee

Date