



## Request for an Accommodation Related to Mandatory Face Mask Use

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

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

Reason for Request: \_\_\_\_\_

### **Student's Disability of Medical Condition:**

Does the Student have:  District Health Plan  IEP  Section 504 Plan  None

### **Medical documentation from healthcare provider:** (Healthcare provider: Please complete):

Date on which you first diagnosed the medical condition or first treated the student for the condition: \_\_\_\_\_

What is the medical condition that prevents the student from wearing a facemask?  
\_\_\_\_\_

Can the student wear a face mask at any time during the school day?  
\_\_\_\_\_

If so, under what conditions is the student able to wear a face mask?  
\_\_\_\_\_

Under what conditions is the student unable to wear a face mask?  
\_\_\_\_\_

What, if, any accommodation(s) or adaptation(s) does the student need related to the District's face mask requirements? For how long will such an accommodation(s) or adaptation(s) be necessary?  
\_\_\_\_\_

Any other information necessary for the school district to provide educational services 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 mask 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

\_\_\_\_\_  
Medical Provider Signature

\_\_\_\_\_  
Date

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