



MADISON PUBLIC SCHOOLS

10 Campus Drive
P.O. Drawer 71
Madison, Connecticut 06443-2562
www.madison.k12.ct.us

FACE MASK / FACE COVERING MEDICAL/HEALTH EXEMPTION FORM

COVID-19 is a highly contagious virus that spreads by respiratory droplets released when individuals talk, cough or sneeze. Many individuals infected with COVID-19 are asymptomatic and contagious. Federal and state public health agencies, including the United States Centers for Disease Control and Prevention (CDC), recommend that individuals wear a face covering to limit the spread of COVID-19.

The Connecticut State Department of Education and Madison Public Schools require ALL students, beginning in kindergarten, to wear masks or face coverings during the school day. Any student seeking a medical exemption to the mask requirement must have the student's treating physician complete the below Medical/Health Exemption Form. As noted below, Madison Public Schools will consult with the student's treating physician to determine what reasonable accommodations, if any, would allow the student to wear a face mask or face covering during the school day. In light of the significant public health and safety requirements, the Madison Public Schools require that any request for medical exemption be completed and submitted to the Director of Student Services at battagliae@madison.k12.ct.us by August 31, 2021 to allow sufficient time to review the request and render a decision prior to the start of the 2021-2022 academic school year.

Students submitting requests for medical exemption after August 31, 2021 are subject to COVID-19 containment strategies pending the completion of the exemption review process, such as assignment to home-based remote learning to mitigate the possibility of infection to the student or others in the physical school building.

Name of Child: _____ Date of Birth: _____

Address of Child: _____

Name of Parent(s): _____

Address of Parent(s): _____
(if different from child)

Contact Information for Treating Physician

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

The Madison Public Schools reserves the right to deny mask exemption requests without sufficient information to determine the health-related necessity of such request.

I hereby consent to school officials of the Madison Public Schools consulting with the above-named treating physician in connection with the request for medical exemption from wearing mask/face covering during the COVID-19 pandemic. I understand that my treating physician is authorized to exchange health/medical and educational information related to the mask/face covering medical exemption request submitted on behalf of my child, _____ [name of student], with the Madison Public Schools. I understand that the purpose of the exchange of such information is to determine whether a medical exemption is necessary and/or whether there are any reasonable accommodations that should be considered in connection with the mask exemption request. I understand that this authorization will expire on June 30, 2021, unless I revoke this authorization at an earlier time by submitting written notice of the withdrawal of consent. I acknowledge that health/medical records, once shared with the Madison Public Schools, will be educational records under federal education record laws (FERPA) and may not be protected by the HIPAA privacy rule. I also understand that refusal to consent to the exchange of information described above will not affect access to healthcare.

Print Name
Parent/Guardian

Date

The section below must be completed by the student's treating physician to verify a health or medical reason that prohibits the student from wearing a mask in the school building and/or on school grounds or to identify possible accommodations for the student to wear a mask within the school building or on school grounds. Upon completion, this form must be provided by the treating physician directly to the Madison Public Schools, care of Director of Student Services at fax 203-245-6333.

The treating physician **MUST** consult with school health supervisory personnel prior to completing this form. The contact information for the school health supervisory personnel for this matter is: Stephanie Lesnik.

Medical Verification

Yes No

 I have consulted with school health supervisory personnel regarding the student's ability to wear a mask or face covering due to a verified medical or health reason.

 After consultation with school health supervisory personnel, I have determined that reasonable accommodations would permit the student to wear a mask or face covering for parts or all of the school day.

If yes, to the above question:

I have determined that the following reasonable accommodations would permit the student to wear a mask or face covering during the school day (examples include, without limitation, mask breaks at specified intervals, use of face shield when a mask is contraindicated, use of bandana or looser fitting face covering):

 After consultation with school health supervisory personnel, I have determined that the student cannot wear a mask or face covering during the entire school day due to a verified medical or health reason.

The student has been diagnosed with the following medical condition(s) that interfere with the student's ability to wear a mask or face covering at all times during the school day:

*** Documentation supporting the above diagnosis MUST be submitted to the Madison Public Schools along with this Medical Verification Form.**

By signing below, I verify that the above information is accurate to the best of my professional knowledge.

Signature of Treating Physician

Date

Print Name of Treating Physician

CT License No.