



### Health Appeal for Mask Waiver – STUDENT

School Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of  
\_\_\_\_\_ request that he/she be exempt from  
wearing a mask as outlined in the Olentangy Local School District back to school plan.

I am requesting a waiver for my student for the following reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- I have signed and reviewed this waiver
- I have attached to my request medical documentation for your review
- I have signed and submitted the record release on page 2

I understand contact tracing by Delaware General Health District will assess the use of face masks of both patient (tested positive for COVID-19) and contact to determine quarantine recommendations. I understand by choosing to exempt my child from the district mask requirement, I cannot hold the district liable in any way for any increased risk to my child's health. I further understand that should I wish to revoke this waiver during the present school year, it is my responsibility to provide a written and signed note to the school clinic along with my health care providers updated recommendations.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

*This area is for office use only:*  
Received by: \_\_\_\_\_  
Date: \_\_\_\_\_



## Parent/Guardian Consent for Records Release

Re: Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

I give permission for the release of the following information and records for the above-named student:

Medical or psychological report/diagnostic information/medical/psychological recommendations

Evaluation Team Report (ETR), which summarizes assessment results from school

Individual Education Program (IEP)

Reason for the request:

To aid in making present and future educational decisions.

Other (Please specify): Orders for care given at school

Please release the records:

From \_\_\_\_\_ To \_\_\_\_\_ (check one)

Olentangy Schools

School Building Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

School Fax: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ (check one)

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian