



COVID-19 Face Mask/Cloth Face Covering Waiver Request Form

As a result of the COVID-19 pandemic, the use of face masks or cloth face coverings is required at all schools in Washington State. Families of students may request a waiver to this requirement from their healthcare practitioner due to a qualifying diagnosis. All waiver requests will be reviewed and either approved or denied by Richland School District in accordance to state COVID-19 requirements

NOTE: IF THE REQUESTED ACCOMMODATION IS AN ACCEPTABLE ALTERNATIVE (EQUIVALENT OF FACE SHIELD WITH DRAPE) OR DISTANCE LEARNING THIS WAIVER REQUEST IS NOT REQUIRED AND WILL NOT BE REVIEWED.

Student & School Contact Information (to be completed by student's parent/guardian)

First Name: _____ Last Name: _____ Date of Birth: _____

Parent Name _____ Parent Phone # _____

Does this student have an Individualized Education Program or Section 504 Plan? Yes / No

School: _____ School Fax # (509) _____ - _____ School Phone # (509) 967 - _____

Student Diagnosis Information (to be completed by student's health care practitioner)

I declare that use of face mask or a cloth face covering is not advisable for this requestor. I have discussed the benefits and risks of face masks/cloth face coverings with the requestor (or parent/guardian) as a condition for requesting this waiver. I have identified an alternative droplet retention method.

1. Diagnosis (Required): _____

Additional Details: _____

2. Alternative Droplet Retention Method (Required): _____

Health Care Practitioner Declaration (to be completed by student's health care practitioner)

I certify I am a qualified MD, ND, DO, ARNP, PA, or behavioral health professional licensed in Washington State and the information on this form is complete and accurate.

Licensed Health Care Practitioner Name (print): _____

Licensed Health Care Practitioner (signature): _____

Date: _____ Washington State License # _____

Phone: _____ Email: _____



School/District Review (to be completed by school or district official)

I have reviewed the request and the suggested alternative.

Approve Waiver Deny Waiver

Authorization is valid from _____ to _____

Additional Detail:

School Nurse or Official (print)

School Nurse or Official (signature)

Date