

Osseo Area Schools Student Face Covering Exemption Form

In connection with the COVID-19 pandemic, Osseo Area Schools requires students to wear an appropriate face covering while in attendance in-person at any of our buildings regardless of vaccination status.

Students who cannot wear a face covering due to a disabling condition may be exempt from wearing a face covering in school. Determination of whether a student is exempt from the face covering requirement involves consultation with a licensed healthcare provider who is qualified to diagnose the student's disabling condition.

This information obtained from this form will be used to determine whether your child qualifies for an exemption from the District's mask requirement. You are not required to complete the form. However, if you do not provide the information requested in this form the District may lack sufficient medical documentation to grant an exemption. The information provided in this form will be maintained as private educational data and will only be shared with persons with a legitimate educational interest, which includes but is not limited to school administration, district nursing staff and the School District COVID Response Team.

* Note: If your child has a disabling condition and you are seeking other information, accommodations and supports from the school district further information on how your child's disabling condition may be supported can be found at [Section 504](#).

Definitions:

- **Mask:** Are manufactured or homemade cloth face coverings that, when properly worn, fit snugly and fully cover an individual's nose and mouth.
- **Face Shield:** A clear shield that extends below the chin in the front, to the ears on the sides and with no gap between the forehead and the headpiece may be used in certain specific circumstances.
- **Healthcare Provider:** A medical doctor, psychiatrist, clinical psychologist, physician assistant, or nurse practitioner (generally a person licensed to write prescriptions in Minnesota).

Please submit this completed form to your student's school's health office or email it to RiskManagement@District279.org

STUDENT INFORMATION (TO BE COMPLETED BY PARENT/GUARDIAN)		
Student Name:		Date of Birth:
Student ID:	School Building/Program:	Grade:
Parent/Guardian Signature:		Date:

EXEMPTION INFORMATION (TO BE COMPLETED BY A LICENSED HEALTHCARE PROVIDER)	
Printed Licensed Healthcare Name:	Licensed Healthcare Signature:
Clinic Name and Phone:	Date Signed:
Healthcare Providers License Number:	
A. Can a face covering be worn? <input type="checkbox"/> Yes <input type="checkbox"/> No – If No, why not?	B. Can a face shield be worn instead of a mask? <input type="checkbox"/> Yes <input type="checkbox"/> No – If No, why not?
C: Disabling condition that makes it necessary for a face covering accommodation or exemption:	