

Mask Accommodation/Exception Request Form

Student Name: _____

Parent/Guardian Name: _____

Grade: _____

On occasion, time limited protocols may be applied for the increased protection of the entire community. In these circumstances, we strongly encourage all students to participate in masking as a courtesy to those around them:

- Close contact small group activities over extended period of times ie science labs, collaborative assignments, mixed math and reading groups
- Large group settings where grades/cohorts mix primarily during times of corporate singing
- One on one meetings with faculty who request student wear a mask due to personal reasons. Every effort will be made by staff/faculty to meet outside or in larger, well ventilated space.

I am requesting an *exception* for my child from wearing a non-medical mask while at school, (which includes indoor during the school day and in any before and after school program) for the following reason(s): (please attach supporting documentation as appropriate, medical documentation is not required)

I am requesting an *accommodation* for my child from wearing a face mask while at school, (which includes indoor during the school day and in any before and after school program) for the following reason(s): (please attach supporting documentation as appropriate, medical documentation is not required)

Type of accommodation requested (ie face shield)

I understand and acknowledge that COVID-19 is a contagious virus that may result in respiratory illness and other medical complications for those who contract it. Mask wearing is at times mandated by the Commonwealth of PA and/or required by Delaware County Christian School for all students PK-12 as a public health measure designed to decrease the likelihood of transmission of COVID-19 in schools. I understand and acknowledge that the accommodation and/or exception from wearing a face mask or covering that I am seeking on behalf of the student may increase the risk of the student contracting COVID-19 at school and hereby waive any claims for liability associated therewith against the Board and its employees. I understand and agree to follow all other health protocols, including but not limited to the appropriate quarantine after exposure to COVID-19, in place in respect of COVID-19.

Parent/Guardian Signature _____ Date: _____

09.03.21



FOR SCHOOL USE ONLY:

Accommodation/Exception Approved: Yes No

Reason:

Health and Safety Director Signature: _____

Head of School Signature: _____

Please be sure to inform the following individuals if accommodation/exception has been granted:

- 1) Student's teacher(s)
- 2) Student transportation services
- 3) Before and after school program if applicable

09.03.21