



**DOVE SCHOOLS MASK REQUIREMENT EXEMPTION APPLICATION**

If a parent/legal guardian, eligible student, staff, or visitor qualifies for a mask exemption due to medical, religious, or strong personal reasons, that person may request an exemption in writing by completing the following information.

**Must be completed by parent/legal guardian of minor or applicant 18 years or older.**

PARENT/LEGAL GUARDIAN/FOSTER CARE PROVIDER INFORMATION		
First and Last Name (legal):		
Street Address:		
City:	State:	Zip:
Cell phone number:		
Email:		

STUDENT INFORMATION		
First and Last Name (legal):		
Student ID #:	Student Date of Birth:	
Street Address:		
City:	State:	Zip:

**TYPE OF EXEMPTION**

**MEDICAL CONTRAINDICATION:**

I hereby certify that the following medical condition prevents the above named child from complying with the mask requirement. State the diagnosed medical condition that would endanger the life or health of the child preventing them from wearing a mask.

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Printed Name of Parent/Guardian

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Signature of Parent/Guardian

**RELIGIOUS OBJECTION:**

I hereby certify that the mask requirement is contrary to the teaching of the above named child's religion.

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Printed Name of Parent/Guardian

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Signature of Parent/Guardian

**PERSONAL OBJECTION:**

I hereby certify that the mask requirement is contrary to my beliefs. As the parent or legal guardian of the above named child, I have written a brief summary of my objections in the space provided.

**REQUIRED SUMMARY OF OBJECTIONS:**

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Printed Name of Parent/Guardian

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Signature of Parent/Guardian

I, \_\_\_\_\_ by signing below, attest that:  
(printed name of parent/guardian)

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student named above.
- I understand and agree that nothing herein shall relieve the parent, legal guardian, foster care provider, or student named from any liability associated with the student not wearing a face covering.
- I acknowledge that the CDC and our local city county health department officials recommend universal indoor masking for all teachers, staff, students (age 2 and older), and visitors to PK-12 schools, regardless of vaccination status.
- I agree on behalf of myself and the student named above to hereby release the school and DOVE Schools, Inc. from any and all liability associated with not wearing a face covering.
- I further acknowledge per CDC and OCCHD requirements, if all parties are wearing a mask during a period of exposure, the radius of close contact is reduced from six feet to three feet which reduces the likelihood of quarantine.
- I will notify the student's school in writing if I choose to revoke this consent.

<b>Printed Name of Student's Legal Guardian or Eligible Student</b>
<b>Signature of Student's Legal Guardian or Eligible Student</b>
<b>Date Signed</b>

\*NOTE: It is the parent/guardian's responsibility to ensure the completed form is provided to the child's school. Only a completed and signed copy of this exemption form sent to **your child's school** will revoke the mask requirement for your child.