**CONSENT FORM TO OPT-OUT FACE MASK REQUIREMENT**

If a parent, guardian, legal custodian, or eligible student (must be at least 18 or otherwise authorized to provide consent) indicates that compliance with mask use is not possible due to medical, religious, or personal beliefs, they may request an exemption in writing.

**\*\*SIGNED FORM MUST BE ON FILE AT YOUR CHILD'S SCHOOL\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent/Guardian Information** | | | |
| First and Last Name: | | | |
| Street Address: | | | |
| City: | State: | | Zip Code: |
| Cell Phone: | | Email: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Information** | | | |
| First and Last Name: | | | |
| School: | | Date of Birth: | |
| Street Address: | | | |
| City: | State: | | Zip Code: |

|  |  |
| --- | --- |
| **Exemption Type** | |
|  | **Medical:** I hereby certify the above-named child has a medical condition(s) that prevents compliance with the mask requirement. |
|  | **Religious:** I hereby certify the mask requirement conflicts with the religious beliefs of the above-named child. |
|  | **Personal:** I hereby certify I have a personal objection to the mask requirement for the above-named child. |

Printed Name of Parent/Guardian Signature of Parent/Guardian

Date