



## **Request for Medical Exemption from Student Face Covering Requirement 2021-2022 School Year**

Douglas County School District (the District) has developed this standardized form to provide consent for or on behalf of a student in one of the District's schools to request an exemption from the public health order requiring facial coverings for children aged 2 years and up in all indoor school settings.

Consistent with Board Policy, the District is implementing the requirements of Tri-County Health Department's Public Health Order that became effective September 1, 2021. This Order requires facial coverings to be worn by all students aged 2 and over, as well as all individuals working with or interacting with children aged 2 years and over, in all indoor child care and school settings in the District. Scientific evidence shows that the wearing of facial coverings over the nose and mouth assists in reducing virus transmission by reducing the spread of respiratory droplets.

Douglas County School District recognizes that some of our students cannot tolerate a face covering due to medical or mental health reasons. Those students may be exempt from wearing a face covering, consistent with the rationale provided by a qualified medical provider.

Once this form is completed by the student's parent/legal guardian and a statement from the student's medical provider has been attached, please provide it to the school's front office. A separate form and medical statement must be provided for each child.

### **Part 1: Student Information**

Student First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School/Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I understand that by my child not wearing a face covering, he/she is potentially at a higher risk of COVID exposure.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Part 2: Medical Provider Confirmation**

In alignment with the requirements of the Tri-County Health Department Public Health Order:

**Please attach to this form a statement provided by a Colorado-licensed medical provider on the provider's letterhead including the following:**

- a. Medical provider's printed name, license number, address, phone number;
- b. Signature of the medical provider;
- c. Identification of the medical condition preventing the individual from wearing a mask and any recommended alternative to the mask.