

COVID-19 FACE COVERING REQUIREMENT ACCOMMODATION REQUEST FORM FOR STUDENTS



COVID-19 GUIDANCE | Last updated 06/30/21

All students in WCPSS buildings are expected to wear cloth face coverings at all times, except when actively eating or drinking or during designated mask breaks. Requests for exceptions to this rule will be considered on a case-by-case basis for students with a medical condition or disability that renders mask-wearing harmful or medically inadvisable.

***If your student is in a regional program, you do not need to complete this form, please make a request for a face covering accommodation to your principal.**

INSTRUCTIONS: *If you are a parent or legal guardian of a student whom you identify as unable to comply with the face covering requirement and you are requesting an accommodation for your student, please use this form to make the request and ask your child's current medical provider to complete the certification portion. **Requests should be submitted to your student's principal.***

Student Name	Student ID Number	Student Date of Birth
Home Address		School/Grade
Student Currently Has: <input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Health Plan <input type="checkbox"/> N/A		
Reason for request for accommodation: Identify the accommodation you are requesting: <input type="checkbox"/> For my student to be provided extra breaks to remove their face covering <input type="checkbox"/> For my student to be excused from wearing a face covering during certain activities Specify activities: _____ <input type="checkbox"/> For my student to be excused from wearing a face covering during the school day <input type="checkbox"/> Other: _____		

Parent Consent for Two Way Communication	
I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with WCPSS officials.	
Parent/Guardian Name (please print)	Signature of Parent/Guardian
Date	Parent Telephone

Medical Certification (to be completed by Licensed Healthcare Provider)

As the student's healthcare provider, I certify that this student has a physical, medical or mental impairment that substantially limits a major life activity AND this condition interferes with the student's ability to wear a face covering during school hours.

- Yes and ***I will make myself available to meet with school officials and potentially other physicians to review the student's medical needs***
- No

Please identify the medical condition and how it impacts the student's ability to wear a face covering:

Is this student at greater risk of contracting COVID-19 or experiencing severe complications if exposed to COVID-19?

- Yes
- No

If yes, should online instruction be considered as an alternative to in-person school attendance?

Recommendation: Please indicate 1, 2, or 3

- 1. The student is incapacitated to the extent of being unable to remove a face covering without assistance.
- 2. A face covering could cause harm, is inadvisable/impracticable, or dangerously obstructs breathing at ALL times.
- 3. Face coverings can be worn to some extent, but due to the student's condition I recommend:
 - Breaks from face covering in addition to those already built into the school day (breakfast, lunch, outdoor recess)
 - Removal if respiratory distress occurs
 - For student to be excused from wearing a face covering during certain specific activitiesSpecify activities: _____
- Use of an alternative or modified face covering if deemed safe (identify modification)

Name of Health Care Provider (Print)

Signature of Health Care Provider

Date	Telephone
For WCPSS staff use only	
<input type="checkbox"/> Request is approved	
<input type="checkbox"/> Request is denied <input type="checkbox"/> No medical documentation <input type="checkbox"/> More information needed - please specify below:	
Principal or Principal Designee	Date