

Valley View Local School District Medical Face Mask Exemption Request Form

★ Current CDC & ODH recommendations are that all individuals entering a school to wear face masks that cover mouth/nose.

Student Name	Grade
Teacher	
Parent/ Guardian Name	Ph#
Parent/ Guardian email	

It is the goal of Valley View School District to keep children and staff as healthy as possible and prevent the spread of Covid-19 at school. Many layers of protection are being implemented, including facial covering requirement when local case rates are higher than 50 cases per 100,000 people.

Why is this child to be exempted from wearing a facial covering?

- Diagnosed medical, mental health condition, or documentation of disability that contraindicates wearing a mask. A document supporting the foregoing and signed by a Medical Provider is required.

Medical Providers - Please check the exemption that best fits the student's need(s):

- Student can wear a facial covering of the nose and mouth for part of the day.
Explanation: _____
- Student can remove the facial covering of the nose and mouth under the following circumstances.
Explanation: _____
- Student is unable to wear a facial covering at all.
- Other _____

I request that the above named student be exempted from wearing a facial covering for all or part of the school day as indicated above and supported by a medical provider. I understand that choosing not to wear a facial covering places all at an increased risk for contracting Covid-19. I understand that a facial shield does not protect from a Covid-19 exposure. I understand that if an exposure to Covid-19 occurs, individuals will be excluded from school for the recommended quarantine period, as determined by the local health department. I further understand that some cases of Covid-19 go undetected and pose an increased risk to people who are immunocompromised, or otherwise in a high risk category for complications to Covid-19.

Parent Signature _____ Date _____

Principal Signature _____ Date _____

REQUIRED: Attach letter of support from the Medical Provider
FORMS NEED TO BE SENT TO: TODD KOZAREC, DIRECTOR OF ADMINISTRATIVE SERVICES
todd.kozarec@valleyview.k12.oh.us

Director of Administrative Services Decision is Final

_____ Approved _____ Request Denied _____ Director of Administrative Services