

Parent/Legal Guardian Statement

Seeking Exemption from Face Covering/Mask of Student for Informed

And Sincerely Held Personal Held Beliefs

This Statement is being submitted on behalf of:

(Name of student)

(Student date of birth)

If the student is a minor:

I, _____, as legally authorized representative of

(Name of Parent/Legal Guardian)

_____ being of lawful age I state:

(Name of student)

I am aware that COVID-19 has been declared a global pandemic and I recognize it is a highly and easily transmissible virus carrying potentially long-term and life-threatening consequences. Further, I am aware that wearing a mask covering the mouth and nose has been recommended as part of a COVID-19 prevention strategy. Fully aware of the risks associated with COVID-19 and aware of the risks posed to my child/student and others, I am asserting my right as parent/legal guardian to determine what I believe is the most appropriate health care/prevention strategy for my child/student, regarding the mandatory wearing of a mask of the nose and mouth, based on my personal and sincerely held beliefs. I understand that the COVID-19 Assumption or Risk and Waiver of Liability is required in order for this exemption application to be considered. I understand the school has the right to reject this exemption application in its sole discretion

(Signature of Parent/Legal Guardian)

(Date)