**Physician/Parent Request for Face Covering Alternative**

**D49 Student Form**

Amidst the COVID-19 pandemic and in accordance with requirements and recommendations contained in the Reopening Schools Health Guidance by COVID-19 Phase issued by Colorado Department of Health and Environment and Colorado Department of Education as well as El Paso County Public Health COVID-19 School Guidance, District 49 is implementing the requirement for all students (1st grade and above) all employees, and all approved visitors (such as parents, guardians, contractors and vendors) to wear a **cloth face covering or approved face cover alternative** when entering or traversing district buildings or while utilizing district transportation and when appropriate physical distancing cannot be maintained.

The cloth face covering guidelines will remain in effect for the duration of the 2020-2021 school year or until state and/or local public health ordinances, guidelines, and/or recommendations are amended. Compliance with this guideline will be required for in-person attendance at all district activities with few exceptions due to medical or mental health reasons or developmental/intellectual disabilities. Compliance with the guideline will be taught as a life skill when the individual’s health and safety is not at direct risk. This document, when executed by all involved parties, will serve as evidence that the individual listed may be granted an allowance for an alternative face covering as appropriate.

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_ / \_\_\_ / \_\_\_

***This section to be completed by a licensed medical provider, MD, DO, PA, or NP (Preferred), or Parent:***

I certify that the individual identified above should be granted a **full or partial** (circle one) allowance from the cloth face covering policy due to the following medical or mental health diagnosis or developmental or intellectual disability. Please provide diagnosis or brief statement of impact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In District 49 all students 1st grade and above, teachers, staff, and approved visitors (parents, guardians, contractors, vendors) will be expected to wear a cloth face covering while entering and exiting the building as well as while transitioning in high traffic or common areas such as hallways, restrooms, main offices, and while participating in fire drills, etc.

Can this **student** safely wear a cloth face covering/or approved alternative face cover during these limited timeframes?: **Yes or No** If no, please include a brief explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Can this **student** wear a plastic face shield during these **limited** times or activities as a reasonable accommodation? **Yes or No** If no, please include a brief explanation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In the event that compliance with the cloth face covering is difficult due to sensory sensitivities, is the **student** able to participate in the gradual exposure to wearing a face covering/or face cover alternative with the goal of slowly increasing tolerance over time? **Yes or No**

Name of Provider or Parent (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone Number : \_\_\_\_\_\_\_\_\_\_\_\_\_

Provider/Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

**Authorization to Contact Medical Provider**

I give my permission for the school staff to contact the medical provider regarding the information on this form. I understand that this full or partial allowance is granted solely at the request of and as an accommodation to the undersigned parent/guardian for the named student above.

\_\_\_\_\_\_ Accept \_\_\_\_\_ Decline Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge and freely accept the health risk which may arise as a consequence of the allowance. I hereby give my permission for the student named above to be provided an allowance or limitation from the cloth face covering guideline as described by the medical provider or the parent.

Name of Parent/Guardian(print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_ / \_\_\_ / \_\_\_

Revised 8/4/20