



EDMOND PUBLIC SCHOOLS

Empowering all students to succeed in a changing society

CONSENT FORM TO OPT-OUT OF FACE MASK REQUIREMENT IMPOSED ON STUDENTS BY EDMOND PUBLIC SCHOOLS

Medical Restrictions Negating Mask Use

If a parent/legal guardian or eligible student indicates that compliance with mask use is not possible due to medical, religious, or strong personal reasons, the parent/legal guardian or eligible student may request an exemption in writing by completing the following information.

To be completed by parent, legal guardian, foster care provider, student 18 years of age or older.

PARENT/LEGAL GUARDIAN/FOSTER CARE PROVIDER INFORMATION		
First and Last Name (legal):		
Street Address:		
City:	State:	Zip:
Cell phone number:		
Email:		

STUDENT INFORMATION		
First and Last Name (legal):		
Student ID #:	Student Date of Birth:	
Street Address:		
City:	State:	Zip:

TYPE OF EXEMPTION

MEDICAL CONTRAINDICATION:

I hereby certify that the following medical condition prevents the above named child from complying with the mask requirement:

State the diagnosed medical condition that would endanger the life or health of the child from complying to wear a mask.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

RELIGIOUS OBJECTION:

I hereby certify that the mask requirement is contrary to the teaching of the above named child's religion.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

PERSONAL OBJECTION:

I hereby certify that the mask requirement is contrary to my beliefs. As the parent or legal guardian of the above named child, I have written a brief summary of my objections in the space provided on the following page.

REQUIRED SUMMARY OF OBJECTIONS:

Printed Name of Parent/Guardian

Signature of Parent/Guardian

I, _____ by signing below, attest that:
(printed name of parent/guardian)

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student named above.
- I understand and agree that nothing herein shall relieve the parent, legal guardian, foster care provider, or student named from any liability associated with the student not wearing a face covering.
- I acknowledge that the CDC and our local city county health department officials recommend universal indoor masking for all teachers, staff, students (age 2 and older), and visitors to PK-12 schools, regardless of vaccination status.
- I agree on behalf of myself and the student named above to hereby release the school and Edmond Public Schools from any and all liability associated with the student not wearing a face covering.
- I will notify the student's school in writing if I choose to revoke this consent.

Printed Name of Student's Legal Guardian or Eligible Student
Signature of Student's Legal Guardian or Eligible Student
Date Signed

*NOTE: It is the parent/guardian's responsibility to ensure the completed form is provided to the child's school. Only a completed and signed copy of this exemption form sent to **your child's school** will revoke the mask requirement for your child.