



## COVID-19 FACE COVERING REQUIREMENT ACCOMMODATION REQUEST FORM FOR STUDENTS

All students in DPS 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.

***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.*

***Requests for accommodation will be reviewed and decisions made on a case-by-case basis, taking into account current public health guidance and available alternative safety measures.***

Student Name	Student ID Number	Student Date of Birth
Home Address		School/Grade
<b>Student Currently Has:</b>  <input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Health Plan <input type="checkbox"/> N/A		
<b>Reason for request for accommodation:</b>  Identify the accommodation you are requesting:  <input type="checkbox"/> For my student to be provided extra breaks to remove his or her face mask <input type="checkbox"/> For my student to be excused from wearing a face mask during certain activities Specify activities: _____ <input type="checkbox"/> For my student to be excused from wearing a face mask during the school day <input type="checkbox"/> Other: _____		
<b>Parent Consent for Two Way Communication</b>		
I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with DPS 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 medical or behavioral disability or condition that interferes with the student's ability to wear a face covering during school hours.

Yes

No

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

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

Yes

No

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

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**Recommendation:** Please indicate 1, 2, or 3

1.  The student is incapacitated to the extent he/she is 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 mask during certain specific activities

Specify 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

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For DPS staff use only	
<input type="checkbox"/> Requested accommodation approved List specific accommodations and/or additional precautions required:	
<input type="checkbox"/> Requested accommodation not approved by committee Reasons:	
FOR STUDENTS NOT IDENTIFIED AS STUDENTS WITH DISABILITIES: <input type="checkbox"/> Student must be assigned remote learning OR <input type="checkbox"/> Parent and student agree to face-covering compliance (list specific conditions if any):	
FOR STUDENTS IDENTIFIED UNDER EC OR 504: <input type="checkbox"/> Case manager will schedule a meeting of the 504 or IEP team to discuss how to meet the student's needs safely	
Principal	Date
School Nurse	Date
EC Teacher/504 Contact	Date
School Counselor	Date