Today's Date: _____/ _____/ _____

CONSENT FORM TO OPT-OUT OF FACE COVERING REQUIREMENT IMPOSED ON STUDENTS BY BURNS FLAT-DILL CITY 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 or religious or strong personal reasons, the parent, legal guardian, or eligible student may request an exemption in writing.

To Be Completed by Parent, Guardian, Legal Custodian, Foster Care Provider, Or Student 18 Years of Age or Older

Name of Student	Grade	Date of Birth

	TYPE OF EXEMPTION
❑	**MEDICAL CONTRAINDICATION:** I hereby certify that the following medical condition(s) prevents the above named child from complying with the face covering requirement: _____ *State above the diagnosed medical condition that would endanger the life or health of the child, if they were to wear a face covering.* _____ _____ ***Printed Name** of Parent/Guardian* ***Signature** of Parent/Guardian*
❑	**RELIGIOUS OBJECTION:** I hereby certify that the mask requirement is contrary to the teachings 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 below: _____ _____ _____ _____ _____ ***Printed Name** of Parent/Guardian* ***Signature** of Parent/Guardian*

By signing below, I attest that:

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

_____ _____ _____

Printed Name** of Parent/Guardian* ***Signature** of Parent/Guardian* ***Date