

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

All students are expected to wear cloth face coverings in school buildings 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 the Head of School.*

Student Name	Student ID Number	Student Date of Birth
Home Address		School/Grade

**Student Currently Has:**

Individualized Education Program (IEP)    
  Section 504 Plan    
  Health Plan    
  N/A

**Reason for request for accommodation:**

Identify the accommodation you are requesting:

For my student to be provided extra breaks to remove their face covering  
 For my student to be excused from wearing a face covering during certain activities  
     Specify activities: \_\_\_\_\_  
 For my student to be excused from wearing a face covering during the school day  
 Other: \_\_\_\_\_

**Parent Consent for Two Way Communication**

I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with Casa Esperanza Montessori Charter School 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 physical, medical or mental impairment that substantially limits a major life activity AND this condition interferes with the student's ability to wear a face covering during school hours.

- Yes and ***I will make myself available to meet with school officials and potentially other physicians to review the student's medical needs***
- 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-19 or experiencing severe complications if exposed to COVID-19?

- 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 of being 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 covering 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
For Casa Esperanza Administration use only	
<input type="checkbox"/> Request is approved	
<input type="checkbox"/> Request is denied	
<input type="checkbox"/> No medical documentation	
<input type="checkbox"/> More information needed - please specify below:	
Head of School or Head of School Designee	Date