
Request for an Accommodation Related to Mandatory Face Mask Use

Parent Name: _____

Student Name: _____

Reason for request: _____

Student's Disability or Medical Condition:

Does the Student have: District Health Plan IEP Section 504 Plan None

Medical documentation from healthcare provider: (Healthcare provider: Please Complete):

What is the medical condition that prevents the student from wearing a face covering?

Can the student wear a face covering at any time during the school day?

If so, under what conditions is the student able to wear a face covering?

Under what conditions is the student unable to wear a face covering?

What, if any, accommodation(s) or adaptation(s) does the student need related to the District's face covering policy and Governor Evers' statewide face covering mandate? For how long would such accommodation(s) or adaptation(s) be necessary?

Any other information necessary for the school district to provide educational services safely for the student?

I _____ (parent) give permission and consent to the school nurse to communicate with my health care provider regarding my request for my child _____ not to wear a face covering in school or receive an accommodation related to the face covering requirement. This consent is effective for the 2020-2021 school year.

Parent or Guardian Signature

Date

Medical Provider Signature

Date

The school nurse will review the form and contact you regarding any additional information required. Student Services will contact you regarding additional meetings, IEP or Section 504 Plan, required to consider the request.

Declaracion de Traducción: Estamos trabajando diligentemente para traducir nuestros documentos al español. Por favor comuníquese con la escuela de su hijo para aclaración. Si todavía necesitas aclaración, por favor comuníquese con Translate@oasd.org.

Nondiscrimination: The Oconomowoc Area School District provides assurance that no student is discriminated against because of the student's sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.
