



Request for an Accommodation Related to Mandatory Face Mask Use

Please fill out form entirely. Per liability standards, the Oconomowoc Area School District is unable to accept requests for accommodations due to a medical condition without a medical provider's signature or medical provider documentation. Please ensure that if you have medical provider documentation that you include it with this form. OASD provides reasonable accommodation for documented medical or religious reasons unless to do so would impose an undue hardship

Accommodation requests for MEDICAL/IEP/504 may be sent to aconhealthservices@oasd.org

All other requests may be sent to Dr. Kristen Taylor at taylorlk@oasd.org

Student Name: _____

Parent 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? 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, if necessary, 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 _____ school year.

Parent or Guardian Signature

Date

Medical Provider Signature

Date