

MANSFIELD CHRISTIAN SCHOOL

500 Logan Rd.

Mansfield, OH 44907

(419) 756-5651 FAX (419) 756-7470

FACIAL COVERING EXEMPTION

Name of Child _____ Date of Birth _____

Address _____

As required under the "Director's Order Requiring the Use of Facial Coverings in Child Education Settings", I hereby attest by my signature that my child meets the Exemption Requirement. This exemption applies to transition times or any setting when social distancing requirements cannot be met, therefore students would be required to wear a facial covering.

Medical Condition Exemption: _____

(Medical Conditions must have a statement from a physician or prior medical paperwork on file with our School Nurse)

Hearing Impaired or other Disability Exemption _____

Justification (Required - brief explanation please):

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk on behalf of my child, knowing that he/she may be exposed to or infected by COVID-19 by attending school events.

Signature of Parent/Guardian

Date

Please return completed form to the elementary or secondary office.