

Tri-Rivers Career Center
Parental/Guardian Notification
Face Covering Exemption—COVID 19

Tri-Rivers Career Center, under orders of the Ohio Department of Health, requires all students and staff to wear face coverings when in a school building, bus and/or on school grounds. Individuals may be infected with the virus and not have symptoms. For this reason, the face covering mandate is in effect to reduce the chances of passing the virus to others.

If your child cannot, for health reasons, wear a face covering, please have the attached form completed by your health provider and returned to Tri-Rivers' school office by the first day of school. The provider's form **MUST** be completed and turned in before your child will be permitted to attend school without wearing a face covering.

Examples of exemptions under the ruling are:

- Children under the age of 2 years old
- Any child unable to remove the face covering without assistance
- A child with a significant behavioral/psychological/mental issue undergoing treatment that is exacerbated specifically by the use of a facial covering (e.g. severe anxiety or a tactile aversion)
- A child living with severe autism with extreme developmental delay, who may become agitated or anxious wearing a mask
- A child with a facial deformity that causes airway obstruction
- A child who has a medical condition including respiratory conditions that restrict breathing, mental health conditions, or a disability that contraindicates the wearing of a facial covering.

In order to have your student exempted from the requirement, please fill out the attached form and email or return it to our Health Services Coordinator, Chris Pemberton at cpemberton@tririvers.com

Tri-Rivers Career Center

Request for Exemption from Mandated Face Coverings

Student's name _____ Date of Birth _____

School _____ Grade _____

To be completed by the medical provider:

Condition or disability for which face covering exemption is requested (please include any medications the student is taking to manage the medical condition:

Additional accommodations recommended for consideration to provide safety to the student and school community:

Physician/licensed prescriber signature _____ Date _____

Physician/licensed prescriber printed name _____

Physician/licensed prescriber phone number: _____

I request exemption from the mask requirement of my son/daughter according to the direction of the physician. I also authorize the exchange of information between the health care provider and the school regarding this exemption when necessary by the school personnel. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all harm related to COVID-19.

I understand that should an outbreak of COVID-19 disease occur, that my child may be excluded from school for the duration of the outbreak as defined by the local health department.

Parent/Guardian Signature _____ Date _____

Parent/Guardian printed name _____

