

Chino Valley Unified School District
Application for Student Face Mask Exemption

Parent Completes Student Information:

Student First Name		Middle Name		Last Name	
Date of Birth		Age		Gender	
Student ID#	Current School		Current Grade	Teacher	
Home Mailing Address:					Home Phone
Parent/Guardian Email Address			City	State	Zip
Father's Name		Father's Phone Number		Mother's Name	
Mother's Name		Mother's Phone Number		Mother's Phone Number	
Father's Signature		Today's Date		Mother's Signature	
Today's Date		Mother's Signature		Today's Date	

Parental Authorization for Exchange of Information

In considering these requests, the student's health care provider may need to be contacted for additional medical details. Therefore, the parent's authorization for release and exchange of medical and school information is required before action on the request can be taken. The Authorization for Use and/or Disclosure of Medical and/or Educational Information is authorized by parent signature above.

Parental Request:

I (we) request our student _____ be exempt from wearing a face **mask** for the 2021-2022 school year for the following **medical diagnosis/health reason:** _____

I (we) request our student _____ be exempt from wearing a face **shield** for the 2021-2022 school year for the following **medical diagnosis/health reason:** _____

Authorized Health Care Provider Completes this Part:

The above-named student has requested a medical waiver for exemption to the Chino Valley Unified School District's requirement of wearing a face mask. A face shield is considered an option for students medically exempt from wearing a mask. The District requires authorization by an appropriate healthcare provider to consider an exemption. The decision will be made by the District. The District specifies only the following may provide an exemption: a physician (MD/DO), nurse practitioner (NP) or physician's assistant (PA) for those with medical conditions or mental health conditions.

Does the student require a medical exemption for a face **mask** at school, as required by Chino Valley Unified School District in compliance with the [COVID-19 California Department of Public Health](#) (6-11-2021) and [Guidance for Face Coverings](#) (6-15-2021)

- Yes No Diagnosis _____
- Yes No Can the student wear a face shield with a drape in lieu of a face mask (Grades 3rd – 12th)?
- Yes No Can the student wear a long face shield in lieu of a face mask (Grades Pre – 2nd)?

Comments/Additional Information: _____

Health Care Provider agrees to provide School Site and Health Services additional medical documentation as required to respond to this request with Parental Signature above as consent to release and exchange medical and school information.

Name of Health Care Provider (Print)		Signature of Health Care Provider		Date	
Office Telephone		Office FAX/Email		Provider NPI # or License #:	
Office Address			Street Address		
Phone	Fax	City	State	Zip	

District Use

Date Received by District		
Parent Did Not Respond by		
Date Approved		Principal/Designee Signature
Date Not Approved		Date Signed:

Physician/Doctor Stamp:

