

WHITNALL SCHOOL DISTRICT



DR. LISA OLSON, SUPERINTENDENT

Request for an Accommodation Related to Mandatory Face Covering (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

Medical documentation from healthcare provider:

For the Healthcare provider: 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) 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) be necessary?

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

WHITNALL SCHOOL DISTRICT



DR. LISA OLSON, SUPERINTENDENT

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 _____

The school health nurse will review the form and contact you regarding any additional information required.

Pupil Services will contact you regarding additional meetings, IEP or Section 504 Plan, required to consider the request.