



*In the pursuit of excellence...*

# Caledonia Community Schools

Administrative Offices: 9753 Duncan Lake Ave., Caledonia, MI 49316  
Telephone (616) 891-8185 - Fax (616) 891-9253 - [www.calschools.org](http://www.calschools.org)

## Student Mask Waiver 2021-2022

Coronavirus (“COVID-19”) is an extremely contagious virus that spreads easily through person-to-person contact. Federal, state and local health authorities recommend universal face coverings while indoors at school to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Attending a Caledonia Community School’s (“CCS”) in-person activity or accessing a CCS facility could increase the risk of being exposed to, contracting, or transmitting COVID-19. A CCS in-person activity includes in-person instruction, athletic events, and any other activity on CCS property or at a CCS sponsored event. CCS in no way warrants that COVID-19 exposure, contraction, and transmission will not occur at a CCS activity or facility.

I, the undersigned, certify that I am the parent or guardian of the student named below (“Student”) and that the Student is medically or developmentally unable to wear a face-covering due to a diagnosed condition. I further certify that I have provided CCS with documentation from the Student’s care professional, detailing the Student’s inability to wear a face-covering due to this diagnosed condition and identifying his/her contact information.

To the best of my knowledge, the Student has not been diagnosed with COVID-19, nor does the Student have any symptom of COVID-19 identified by the Centers for Disease Control and Prevention (each, a “COVID-19 Symptom”). Further, to the best of my knowledge, the Student has not been exposed to anyone diagnosed with COVID-19 nor to anyone with a COVID-19 Symptom in the 14 days immediately preceding my signature on this waiver request. I affirm that if I obtain knowledge that the Student is exhibiting a COVID-19 Symptom, is exposed to a person with a COVID-19 Symptom, or tests positive for COVID-19, I will immediately notify the student’s school office, and I will keep the Student home from CCS activities and facilities until the Student has been medically cleared to return to CCS activities and facilities.

I am signing this waiver knowingly, intelligently, and voluntarily. I acknowledge that failure to wear a face-covering at a CCS activity or facility may increase the Student’s risk of being exposed to, contracting, or transmitting COVID-19 or a COVID-19 Symptom. I assume all risks of any nature arising out of or in any way related to the Student’s failure to wear a face-covering at any CCS activity or facility. In consideration of the Student’s in-person attendance at CCS activities and facilities, I shall indemnify and hold harmless CSS and its Board of Education members, employees, and agents from any and all causes of action, claims, demands, losses, costs, damages, and expenses of any nature arising out of or in any way related to the Student’s exposure to, contraction of, or transmission of COVID-19 or COVID-19 Symptoms at a CCS activity or facility. I understand the immediately preceding sentence specifically includes personal injury, death, and property loss. I understand that my child may be referred for an evaluation to determine if a disability prevents my child from wearing a face mask and whether and to what extent accommodations will be provided. I acknowledge this request does not supersede a future public health order from local, state and/or federal authorities. Finally, I understand the Administration and Board of Education reserve the right to modify, amend or further alter all COVID-19 policies and procedures, including a mask exemption, if deemed appropriate to the health and safety of students.

Student Name \_\_\_\_\_ School Building \_\_\_\_\_ Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ (School Employee) Date \_\_\_\_\_

Documentation Attached (CCS Form or Other)



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## MASK EXEMPTION DOCUMENTATION

I certify that (Student Name) \_\_\_\_\_ is under my professional care and it is my professional opinion that: [Check all that apply]

- The student is able to wear a face-covering at school.
- The student has a medical condition, physical or mental impairment, but the student can tolerate wearing a face-covering at school if accommodations are provided (i.e. periodic breaks) as described below.
- The student has a medical condition, physical or mental impairment that prevents the student from wearing any type of face-covering at school.
- The student has a developmental condition for whom it has been demonstrated that the use of a face covering would inhibit his/her access to education. The student has an Individualized Education Plan, Section 504 Plan, Individualized Healthcare Plan or equivalent.

If the student has a medical condition, physical or mental impairment that limits or prevents the student from wearing a face-covering at school, describe the medical condition, physical or mental impairment and how it affects the student's ability to tolerate a face-covering at school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Medical Professional's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Professional's Name (Print)

----- School Use Only -----

Waiver Approved      Waiver Denied      Administrator Initials \_\_\_\_\_      Date \_\_\_\_\_