



Genesee Christian School Student Mask Exemption Form

The GCHD Order of September 2, 2021, requires masks for all Pre-K through 12th grade students and for school staff when in a school building, effective Tuesday, September 7. A completed mask exemption form is required for each student or staff member who feels that they meet a qualified exemption.

Student Name: _____ Grade: _____

Parent Name: _____

The following is from the Genesee County Health Department:

THEREFORE, IT IS HEREBY ORDERED that all Educational Institutions and all Persons in Educational Settings must adhere to the following rules:

- *The Educational Institutions shall ensure that children in Pre-K through grade twelve, and those providing service to students, consistently and properly wear a facial covering while inside any enclosed building or structure of the institution.*

FURTHERMORE, this ORDER shall not apply to the following Persons:

- *Persons with developmental conditions of any age attending school for whom it has been demonstrated that the use of a face covering would inhibit the person's access to education. These are limited to persons with:
 - a. *An IEP (or Non-Public Service Plan for private school) or Section 504 Plan, and*
 - b. *That would benefit from facial cues and use of a clear face mask is not possible.**
- *Persons who have a current medical reason confirmed in writing from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) with active license to practice medicine in the State of Michigan.*
- *Vaccinated teachers who are working with children who are hard of hearing or students with developmental conditions who benefit from facial cues.*

Mask Exemption for Developmental Condition: As the parent/guardian of the above named student, I understand the risks associated with COVID and that GCS is requiring masks in compliance with the GCHD order for masking Pre-K through grade twelve students. I am requesting exemption for my student who has developmental conditions in compliance with the order. I am releasing any and all liability claims against GCS as this exemption is requested willfully by myself.

Parent Signature: _____ **Date:** _____

Mask Exemption for Medical Exemption: As the medical doctor (MD or DO) for the above named student, I feel that they meet the requirement for a medical mask exemption as defined by the Genesee County Health Department. I also affirm that I am currently licensed to practice medicine in the State of Michigan.

Physician Signature: _____ **Date:** _____

* Attach documented diagnosis or reason for medical or developmental condition.