

Bledsoe County Schools
2021-2022

COVID FACE MASK OPT-OUT FORM

Pursuant to Executive Order No. 84, issued by Governor Bill Lee on August 16, 2021, the Bledsoe County School District has developed this standardized form to provide consent for or on behalf of a student enrolled in Bledsoe County Schools to opt out a student from a face covering requirement imposed by Bledsoe County Schools pertaining to school operations and facilities.

Many school-aged children are not yet eligible to receive the COVID-19 vaccine, leaving them susceptible to infection. To ensure that students and teachers are able to safely participate in in-person instruction, it is recommended that all teachers, staff, students, and visitors to K-12 schools wear masks and practice social distancing when possible. More information on the CDC prevention in K-12 schools can be found on the CDC website at

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>

By completing this form, you are giving permission for your student to **not** wear a face covering while at school. This permission does not apply to any local, state or federal order, such as riding a school bus, or any TSSAA rule. A separate form must be completed for each student for whom you are giving permission.

Student Information (To Be Completed by Parent or Legal Guardian)

Student's Legal Name: _____

School: _____ Grade: _____

By signing below, I attest to the following:

- I have signed this form freely and voluntarily and I am authorized to make decisions for the student.
- I acknowledge that the CDC has recommended that students wear face coverings in the school environment to protect against the spread of COVID-19.
- I am aware that I have the opportunity to discuss with health care providers whether my student should wear a face covering.
- I understand that there is a great deal the medical and science communities still do not know about COVID-19, including how easily it may spread and its long-term effects on the health of a child.
- I understand, and agree, therefore, that there is an unknown risk associated with my student attending school without a face covering, and I have discussed these risks with my student.
- I understand that the student is still required to comply with all local, state or federal orders regarding face coverings.
- I understand that the student is still required to follow all TSSAA rules and guidelines regarding face coverings, if participating in school athletics.
- With the exception of face covering requirements, I understand that the student shall remain subject to all other school and school district requirements, including any related to COVID-19.
- I understand that if I am a student age 18 or older, or a student who may otherwise legally consent, references to "the student" refer to me and I may sign this form on my own behalf.
- I will notify the student's school in writing if I chose to revoke my consent.

I give my student permission not to wear a face covering at school and, for myself and my student, I assume any and all risks associated with this decision.

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian