Warren County Public Schools
210 North Commerce Avenue
Front Royal, Virginia 22630-4419
Phone (540) 635-2171,
Fax (540) 636-4195
www.wcps.k12.va.us

OFFICE OF THE
SUPERINTENDENT

Face Mask Medical Accommodation Request 2021-2022 School Year

Students Information (To be completed by Parent/Guardian):

Student Last Name:	Student First Name:
Date of Birth:	Grade:
Parent/Guardian Phone:	Parent/Guardian email:
School:	

I request that Warren County Public School ("WCPS") staff communicate with my child's physician regarding the use of a face mask while in the school building and during school provided transportation. I understand that:

1. The Federal Center for Disease Control and Prevention ("CDC") recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status.
2. If my child does not wear a face mask while in the school building and during school provided transportation, then my child may be at increased risk of contracting COVID-19;
3. To protect others from the transmission of COVID-19, the school staff may take additional virus transmission mitigation precautions, including: requiring my child to wear a face shield; requiring my child use a protective barrier around their desk; requiring my child to be physically distanced (more than 6 feet away from other students), etc.;
4. The school may consider alternative learning environments for my child, including placement in a separate classroom or at a different school building; and
5. Based upon information provided by me or my child's doctor, my child may be referred for an evaluation to determine if my child's medical condition results in my child being eligible as a student with disability.

My signature gives permission for Warren County Public Schools staff to exchange information with the physician/physician's office and to discuss my child with the physician/physician's office. This release allows the physician/physician's office to exchange with WCPS educational, medical, sociological, psychological, psychiatric, and treatment records, and information related to these records. The designation of one or more contact persons is to facilitate communication and does not restrict access of information to and from the physician/physician's office and WCPS unless so specified. The purpose of exchanging records and information with the physician/physician's office is to provide WCPS with information that may be used in the coordination or provision of services to the student.

Parent/Guardian Signature:	Date:

Submitting this form does not guarantee that your request will be granted.

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The following must be completed by a licensed provider:

Students's Name: Provider's Name: Provider's Specialty: Office Address: Phone Number: Student Diagnosis/Medical Condition:
Description of Student's Medical Condition:

Attach any supporting documentation that may be helpful in evaluating this request for an accommodation of the mask requirement.

Provider's Signature:	Date: