

NVPS Student Mask Waiver

Coronavirus (“COVID-19”) is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Attending a Northview Public Schools (“NVPS”) in-person activity or accessing a NVPS facility could increase the risk of being exposed to, contracting, or transmitting COVID-19. An in-person activity includes in-person instruction, athletic events, and any other activity on NVPS property or at a NVPS sponsored event. NVPS in no way warrants that COVID-19 exposure, contraction, and transmission will not occur at a NVPS 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 unable to wear a face covering due to the following medical condition: _____. I further certify that I have provided NVPS with a signed note from the Student’s physician, detailing the Student’s inability to wear a face covering due to this medical condition and identifying the physician’s 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, such as a temperature greater than 100.3, shortness of breath, cough, fatigue, headache, loss of taste/smell, sore throat, diarrhea, nausea, or any other symptom 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. I affirm that if I obtain knowledge that the Student is exhibiting a COVID-19 Symptom or is exposed to a person with a COVID-19 Symptom, I will immediately notify NVPS of the Student’s COVID-19 Symptom or exposure, and I will keep the Student home from NVPS activities and facilities until the Student has been medically cleared to return to NVPS activities and facilities.

I acknowledge that in-person attendance at NVPS activities and facilities is voluntary until further notice, and I am signing this waiver knowingly, intelligently, and voluntarily. I acknowledge that failure to wear a face covering at a NVPS 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 NVPS activity or facility. In consideration of the Student’s in-person attendance at NVPS activities and facilities, I shall indemnify and hold harmless NVPS and its Board or 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 NVPS activity or facility. I understand the immediately preceding sentence specifically includes personal injury, death, and property loss.

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I consent to Student wearing a bracelet or some other identifier that signifies to school staff that Student is exempt from the face covering requirement.

Student Name _____ School Building _____ Grade _____

Parent Signature _____ Date _____

Received by _____ Date _____
(School Employee)

Doctor's Note Attached

To be completed by medical professional

I certify that I have examined the student identified above and it is my professional opinion that:

- The student has a physical or mental impairment, but the student can tolerate wearing a face covering at school if accommodations are provided (e.g. periodic breaks)
- The student has a physical or mental impairment that prevents the student from wearing a cloth face covering at school but the student is able to wear a face shield at school.
- The student has a physical or mental impairment that prevents the student from wearing any type of face covering at school.

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

Printed Name of Medical Professional

Signature of Medical Professional

Date: _____