



School District of the City of Iron Mountain

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IMPS Medical Mask Waiver Form – for Students and Staff

Coronavirus (“COVID-19”) is an extremely contagious virus that spreads easily through person-to-person contact. Local, State, and Federal public health officials 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 school in-person at Iron Mountain Public Schools (IMPS) without a face covering could increase the risk of being exposed to, contracting, or transmitting COVID-19.

Iron Mountain Public Schools requires students and staff to wear face masks in the PreK-6 school buildings and classrooms during some or all of the school day to prevent the spread of COVID-19. The District recognizes that some students or staff may have medical conditions that make it medically inadvisable to wear a face mask and will seek to reasonably accommodate these students and staff. In order for the District to consider an exemption from the mask requirements, this form must be completely filled out, signed by a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO), and returned to the school building or District’s Administrative Office. **An exemption or accommodation will not be considered unless this form is completely filled out, signed, and only after review and approval by the District.**

STUDENT EXEMPTION REQUEST: I, the undersigned, certify that I am the parent or guardian of the student named below (“Student”) and that the Student cannot medically tolerate wearing a face covering due to the following medical condition: _____

STAFF EXEMPTION REQUEST: I, the undersigned, certify that I cannot medically tolerate wearing a face covering due to the following medical condition: _____

I further certify that I have provided IMPS with *certification below, signed by a Medical Doctor or Doctor of Osteopathic Medicine currently licensed to practice in Michigan, detailing the Student’s (or my) inability to wear a face covering due to this medical condition and identifying the physician’s contact information.* I also agree to the following statements:

- I acknowledge by signing this form, I am formally requesting a mask exemption for my student (or myself).
- I am signing this waiver knowingly, intelligently, and voluntarily.
- I understand that the school may take additional safety precautions to protect others from contracting COVID-19.
- I acknowledge that exempting the Student (or me) from wearing a face covering at an IMPS activity or facility may increase the Student’s (or my) risk of being exposed to, contracting, or transmitting COVID-19 or a COVID-19 Symptom.
- I understand that my child (or I) may be referred for an evaluation to determine if a disability prevents my child (or me) from wearing a face mask and whether and to what extent accommodations will be provided.
- I assume all risks of any nature arising out of or in any way related to the Student’s (or my) face covering exemption at any IMPS activity or facility, and hold IMPS harmless from any liability or damages that may result from this requested exemption.
- If my child (or I) exhibit(s) symptoms of COVID-19, test(s) positive for COVID-19, or is (am) in close contact with someone who tests positive for COVID-19, I will immediately notify my child’s principal (or my supervisor).

- If my child (or I) exhibit(s) symptoms of COVID-19, test(s) positive for COVID-19, or is (am) in close contact with someone who tests positive for COVID-19, I understand that my child (or I) may be required to remain out of school for 10-14 days or as directed by public health officials.
- I acknowledge this request does not supersede a future public health order from the Dickinson-Iron County Health Department, Michigan Department of Health and Human Services, or Centers for Disease Control. Finally, 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.
- **All students and staff are required to wear a mask on public transportation including school buses. There is currently no exemption to this requirement.**

Student Name: _____

Grade: _____

Parent Name: _____

Parent Signature: _____

Date: _____

OR

Staff Name: _____

Staff Signature: _____

Date: _____

MEDICAL CERTIFICATION BY MD OR DO – FOR STUDENT OR STAFF

As the student/staff's primary health care provider, I certify that this student/staff has a medical condition that prevents him/her from wearing a face mask.

This student/staff has been diagnosed with the following medical condition:

State in detail the reason(s) why it is not feasible for the student/staff to wear a face mask:

Can the student/staff wear a transparent face shield if a mask is contraindicated? ____ YES ____ NO If NO, state the reasons why:

Name of MD or DO (Print):

Medical License #:

Signature of MD or DO and Date:

Phone Number:

Please return the completed form to your school's main office or the Administration office at 217 Izzo-Mariucci Way, Iron Mountain

☐ Approved

☐ Denied

Superintendent's Signature: _____

Date: _____

**~THE PLACE TO SUCCEED~
IRON MOUNTAIN PUBLIC SCHOOLS**

Updated 09.21.21