

**MASK/FACE COVERING REQUEST FOR ACCOMMODATION DUE TO
DISABILITY/MEDICAL CONDITION**

The Oswayo Valley School District (the “School District”) has adopted a Health and Safety Plan for the 2021-2022 academic year which may require individuals, including students in school, to wear face coverings in an effort to curb the spread of COVID-19. In addition, effective February 1, 2021, the Centers for Disease Control (“CDC”) and the Department of Health and Human Services issued an Order requiring that all individuals wear face masks over their nose and mouth when traveling on public transportation, including school transportation, in the United States of America (the “CDC Order”). Finally, on August 30, 2021, the Pennsylvania Secretary of Health issued an “Order of the Acting Secretary of the Pennsylvania Department of Health Directing Face Coverings in School Entities,” which requires every teacher, child/student, staff, or visitor working, attending, or visiting a school entity to wear a face covering indoors, regardless of vaccination status (the “Pa Order”).

The School District’s Health and Safety Plan, the CDC Order, and the Pa Order provide that certain students may be exempted from wearing a face covering if they have a medical condition, or mental health condition or disability, including individuals who are unable to remove a mask without assistance, as defined by the American with Disabilities Act, 42 U.S.C. §12101 et seq, said condition or disability being documented in accordance with Section 504 of the Rehabilitation Act and/or the Individuals with Disabilities Education Act (“IDEA”). The School District will make accommodations for those students in accordance with the student’s health care provider, school nurse, and IEP/504 team.

Please note, per the Pa Order, all alternatives to a face covering, including the use of a face shield, should be exhausted before an individual is exempted from the Pa Order. This option will be discussed by your student’s 504 team and/or IEP team when considering your request for exemption.

I am requesting that my child, _____, be exempted from the School District’s Health and Safety Plan, the Pa Order and/or CDC’s Order regarding mask-wearing requirements because s/he has a medical, mental health condition, or disability precluding his/her ability to wear a mask/face covering.

One of the following options must be checked:

- My child has been previously identified as being eligible for special education services or accommodations under IDEA or Section 504. I understand my child’s IEP or 504 Plan will need to be updated to reflect this requested change. I understand the IEP team or 504 team may need me to produce medical or psychological documentation or evidence to support my request for this accommodation.

If you have checked this option, please check one of the additional options below:

- I am requesting my child’s IEP or 504 team meet to discuss further accommodations or revisions my child may need related to mask-wearing and/or other COVID-19 related matters. I understand that the School District may request that the team convene for this purpose.

- I am comfortable inserting the necessary revisions to my child’s IEP or 504 Plan without convening my child’s IEP team or 504 team. I understand the School District will issue a revision of the IEP or 504 Plan, with a NOREP or Section 504 prior written notice via mail or email to me.
- My child has not been previously identified as eligible pursuant to IDEA or Section 504, I understand my assertion that my child has a medical or disabling condition which purportedly necessitates accommodations related to mask-wearing triggers the “child find” obligations under IDEA or Section 504. I understand I may need to provide documentation or evidence of my child’s disabling condition and need for accommodations pursuant to the IDEA or Section 504 evaluation process.

Parental Signature _____

(PCP) Personal Care Practitioner Signature _____