

DUVAL COUNTY PUBLIC SCHOOLS
COVID-19 FACE COVERING CERTIFICATION

Instructions: Complete, sign, and return this form to your child's school.

Duval County School Board Emergency Face Covering Policy (Effective September 7, 2021)

Subject to the process that provides for a parent to opt out their child from this policy due to a medical, physical, or psychological condition evidenced by a medical certification, all students must wear a face covering that covers both the nose and the mouth at all times while inside a school or any administrative facility, inside a building for purposes of a school-related or school-sponsored events (except as provided in administrative guidance for District athletics and performing arts, which will be conspicuously posted at District athletics and performing arts events), or on District-approved transportation.

A face covering WILL NOT be required for persons who provide this COVID-19 Face Covering Certification from a licensed health care provider stating that the person has a medical, physical, or psychological condition that prevents the person from being able to safely wear a face covering. A licensed health care provider means any provider of health care services who is licensed or certified by the applicable governmental regulatory authority **to the extent that services are within the scope of the license or certification.**

Note: Students who 1) submitted documentation containing substantially similar information to what is contained in this Certification, AND 2) the condition set forth in those documents still applies to the student due to a continuing condition, are not required to additionally submit this particular form for the 2021-2022 school year.

The CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Properly wearing face coverings, physical distancing, and promoting vaccinations for eligible students and employees are key strategies that mitigate against the spread of COVID-19.

By filling out the form below, I am requesting that my child be released from the COVID-19 emergency face covering requirement as recommended by the CDC. I understand that the above policy language requiring a mask will be reconsidered on or before December 6, 2021, at which time this form may no longer be applicable. I also understand that pursuant to section 768.38, Florida Statutes, an educational institution is not liable for damages, injury, or death arising from or related to COVID-19, provided it made a good faith effort to substantially comply with one or more sources or set of health standards or guidance that was authoritative or controlling at the time the cause of action is alleged to have occurred.

Student Name (Print) _____

Last

First

Middle

Student School _____ Grade _____

As the Parent/Guardian of _____,

Student Name

DOB

I hereby request that my child be released from the COVID-19 emergency face covering requirement based on a medical need as certified by a licensed health care provider below.

Parent/Guardian Name (Print) _____ Parent/Guardian (Signature) _____ Date _____

FOR LICENSED HEALTH CARE PROVIDER ONLY (physician/psychologist, etc.):

I certify that _____ cannot wear a mask face shield or both
First & Last Name (Print)

due to a medical, physical or psychological condition.

Health Care Provider License No.

Health Care Provider Phone No.

Licensed Health Care Provider Name (Print)

Licensed Health Care Provider Signature

Date