

Student Request for Medical Exemption from COVID-19 Mask Requirement Form

Student Name: _____

MVCTC ID: _____

SUBMIT COMPLETED FORM AND DOCUMENTS TO: covidexemption@mvctc.com

The Miami Valley Career Technology Center (MVCTC) is committed to providing an inclusive and supportive environment for all and recognizes some may not be able to wear a mask for medical reasons. A medical exemption may be granted upon receipt of a completed form (below) not more than six (6) months old, signed and certified by a licensed healthcare provider, not related to the submitter, and whose specialty is appropriate to the associated condition. Medical exemptions to masking expire when the medical condition(s) contraindicating mask wearing changes in a manner which permits its use or upon no longer being enrolled at MVCTC.

Your request will be carefully reviewed, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decisions are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- Complete and sign this form;
- Have your Licensed Health Care Provider provide the required documentation; and
- Submit the completed documents after they are notarized.

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

I request an exemption for my child from the COVID-19 masking requirement due to my child's current medical condition. I understand and assume the risks of my child not wearing masks. I accept full responsibility for my child's health, and the risk of serious illness and even death due to lack of wearing masks and release MVCTC from any and all responsibility and liability.	
Because my child will be unmasked, in order to protect his/her own health and the health of the community, he/she will comply with other preventive guidance.	
I understand that in the event of exposure to an outbreak or threatened outbreak, my child may be temporarily excluded from MVCTC's facilities and activities.	

I agree to comply with these restrictions and accept responsibility for communicating with teachers and staff as appropriate to allow compliance with health and safety requirements for non-masked individuals.	
I further understand that restrictions from MVCTC facilities, including but not limited to classes and CTSO activities, does not entitle me to any refund in any payments or other fees.	
Should my child contract COVID-19, I will immediately report it to MVCTC's nurse and comply with all isolation and quarantine procedures from local health officials and the school.	
I understand and agree to comply with and abide by all MVCTC COVID-19 policies and procedures, unless granted an exemption therefrom by the administration.	
I understand that, if approved, this exception is only valid for the approved period, and I am required to resubmit a new request for any subsequent changes.	
I certify that the information I have provided in connection with this request is accurate and complete as of the date of this submission. I understand this exception may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this exemption is false.	

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

TO BE COMPLETED BY NOTARY PUBLIC:

Signature and Seal of Notary _____

Subscribed and sworn before me on the _____ day of _____, 2021

ATTACH DOCUMENTATION FROM LICENSED HEALTH CARE PROVIDER