

HARDING INDEPENDENCE CHARTER DISTRICT

CONSENT FORM TO OPT-OUT OF FACE MASK REQUIREMENT IMPOSED ON STUDENTS

It is a high priority of Harding Independence Charter District to promote health and safety in our learning and working environments so that our students can remain in full-time, in-person learning this school year with layered prevention strategies in place.

While [SB 658](#) prohibits school districts from mandating the use of facial masks in schools, Harding Independence Charter District plans to change the narrative in our schools, from masks being highly recommended to a requirement to wear facial masks at each school-site and school sponsored events with parental choice to opt their student(s) out of this requirement based on medical, religious, or strong personal reasons.

Being a public charter school of choice, we understand the importance of providing parental choice, but also understand our goal as a district is to keep our schools safe and open for the 2021-2022 school year.

To be completed by parent, guardian, legal custodian, foster care provider, student 18 years of age or older, or student otherwise authorized to provide consent.

PARENT/GUARDIAN/LEGAL CUSTODIAN/FOSTER CARE PROVIDER INFORMATION		
First and Last Name (Legal):		
Street Address:		
City:	State:	Zip:
Cell Phone Number		
Email:		
STUDENT INFORMATION		
First and Last Name (Legal):		
Street Address:		
City:	State:	Zip:
Date of Birth:		

TYPE OF EXEMPTION

MEDICAL REASONS:

I hereby certify that a medical condition(s) prevents the above-named child from complying with the mask requirement.

RELIGIOUS REASONS:

I hereby certify that the mask requirement is contrary to the teachers of the above-named child's religion.

PERSONAL REASONS:

I hereby certify that the mask requirement is contrary to my personal beliefs.

REQUIRED: Summary of Reason

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

I, _____ (print name) by signing below, attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student.
- I understand and agree that nothing herein shall relieve the parent, guardian, legal guardian, foster care provider, or student named from any liability associated with the student not wearing a facial mask.
- I acknowledge that the CDC and local health officials recommend universal indoor masking for all teachers, staff, students (age 2 and older), and visitors to K-12 schools, regardless of vaccination status.
- I agree on behalf of myself and student to hereby release Harding Independence Charter District from any and all liability associated with the student not wearing a facial mask.
- I will notify the school in writing if I choose to revoke my consent.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date Signed _____