



## **Columbus City Schools Mask Exemption Guidelines**

The governor's mask order is in accordance with The Ohio Children's Hospital Association (OCHA) and the Ohio Chapter, American Academy of Pediatrics (Ohio AAP) which requires the wearing of face coverings/masks in our schools and communities. Coronavirus (COVID-19) affects individuals differently and many can be infected with the virus without realizing it – an asymptomatic infection.

Wearing a face covering/mask reduces the chances of an infected individual passing the virus onto others, but only if worn properly, covering both one's nose and mouth. Use of a mask is an important component of COVID-19 control, along with regular hand washing and physical distancing.

OCHA recommends all children wear face coverings/masks when returning to school consistent with AAP and CDC guidelines – *and specifically children in grades K-12* – with the following exemptions:

1. Children under the age of 2 years.
2. Any child unable to remove the face covering without assistance.
3. A child with a significant behavioral/psychological issue undergoing treatment that is exacerbated specifically by the use of a facial covering (e.g. severe anxiety or a tactile aversion).
4. A child living with severe autism or with extreme developmental delay who may become agitated or anxious wearing a mask.
5. A child with a facial deformity that causes airway obstruction.

Beyond these categories, there are no diagnoses that warrant blanket exemptions from wearing a face covering/mask. Specifically, asthma, allergies and sinus infections are not a contraindication for using a face covering/mask.

Families may struggle to get their child to wear a face covering/mask. The AAP provides helpful tips to normalize mask wearing and make your child feel more comfortable.

Click here to read more: [Helpful Hints in Helping Your Child Feel Comfortable Wearing Masks](#)

Wearing masks is crucial to prevent the spread of COVID-19. Almost all people, including young children, can wear face coverings and surgical/cloth masks safely.



## Face Covering/Face Shield Exemption

This form should be completed if you are seeking an exemption to your child wearing a face covering or shield.

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School/Grade/Teacher: \_\_\_\_\_

### I. Medical Provider Section

Due to a contraindication as defined by the OCHA and AAP guidelines listed on page 1, the above named student is exempt from wearing a: (Please check ONE option below)

\_\_\_\_ face covering

\_\_\_\_ face shield

\_\_\_\_ face covering AND face shield

The reason for the exemption is (indicate which of the 5 listed on page 1) or other (please explain):

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Medical Provider's Name/title (printed): \_\_\_\_\_

Medical Provider's Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### II. Parent/Guardian's Section

By signing this form exempting my child from wearing a recommended face covering and/or face shield, I acknowledge the increased risk of exposure to COVID-19.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Upon completion, return to your child's building of attendance for processing.*