



WildWise COVID-19 Mask Requirement

Medical/Disability Exemption Attestation – Students

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| Student First Name | |
| Student Last Name | |

This form is for students who require a medical exemption from WildWise’s COVID-19 mask policies which are implemented as per Washington State and Kitsap County Health Department mandated requirements. Once completed, please submit your form to the Executive Director. The address can be found at the bottom of page 2.

In order to receive a medical/disability mask exemption, this form also must be filled out and signed by the student.

TO BE COMPLETED BY PARENT

Parent’s Declaration

I declare that the above-named student has been consulted by a Physician, Nurse Practitioner, or other licensed health care provider on wearing a mask or face covering as it relates to the COVID-19 (SARS-CoV-2) virus and its variants. The Physician, Nurse Practitioner, or other licensed health care provider has discussed the benefits and risks of wearing a face covering/mask with the student and/or the student’s parent/legal guardian relative to the student’s health concerns and certifies that a medical face covering/mask exemption is warranted due to the student’s existing medical/disability condition(s).

Parent’s Initial _____

The information provided will be reviewed by WildWise. Medical/disability accommodations will remain in place for one academic year and must be renewed annually.

Parent must read the following and initial and sign:

- 1) I understand that COVID-19 is a serious viral illness according to the Centers for Disease Control and Prevention, Washington State Department of Public Health and Human Services, and Kitsap County Public Health Department and those entities strongly encourage wearing face coverings and/or masks to mitigate against the spread of the virus.

Parent Initial _____

2) I also understand that the Centers for Disease Control and Prevention, the State of Washington, and/or Kitsap County, may require everyone on School owned premises to wear masks, regardless of vaccination status, as long as there is a provision for accommodations for persons based on sincerely held religious beliefs, medical condition(s) or disability. I also understand that WildWise will not discriminate against anyone who requests such an accommodation.

Parent Initial ____

3) This exemption will only remain in effect for the duration of the current academic year. I understand requests must be renewed annually.

Parent Initial ____

4) I declare that all the information I have provided on all pages of this medical/disability exemption attestation is true and accurate to the best of my knowledge. I understand that misrepresentations or incorrect information provided to WildWise can result in discipline, including suspension or expulsion from WildWise programs.

Parent Initial ____

Parent Signature: _____ Date: ____/____/____

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| <p>WILDWISE OFFICE USE ONLY</p> | <p>Aidoneus Bishop Executive Director 26788 Highland RD NE Kingston, WA 98346 Phone – 4360.638.6179 aidoneus@wildwiseschool.org</p> |
| <p>Approved By:</p> | |
| <p>Date:</p> | |