



Student Facial Covering Waiver

Loveland City School District is requiring students PreK-6 to wear face masks throughout the school day. All students in grades PreK-6 must wear face coverings while in the hallways and common areas of the school buildings, and in classrooms. All students must wear face coverings on buses per a federal transportation requirement.

Exceptions: The face-covering requirement does not apply to the following situations:

- The student is communicating or seeking to communicate with someone who is hearing impaired or has another disability, where accommodation is appropriate or necessary;
- The student is actively participating in outdoor recess and/or physical activity where students are able to maintain a distance of six feet or more;
- The student is seated and actively consuming food or beverage;
- When students can maintain a distance of at least six feet and removal of the face-covering is necessary for instructional purposes, including instruction in a foreign language, English language for non-native speakers, and other subjects where wearing a face covering would prohibit participation in normal classroom activities, such as playing an instrument;
- When students are able to maintain a distance of six feet or more and a mask break is deemed necessary by the educator supervising the educational setting
- When a student is alone in an enclosed space, such as an office

Requests for additional exceptions for students with a documented health or developmental condition will be considered in alignment with any current Federal, Ohio Department of Health, or local county/municipal orders. If your child has a documented health or developmental condition preventing him/her from wearing a mask during school hours, please provide verification from your medical/health provider. The request will need to be submitted to your child's principal who will address your family's needs.

Please check the following exception for which you are stating facial covering can not be maintained during school hours. Please attach verification from a medical or health care provider to this document, then print, sign, and date at the bottom of the document and turn it into your building principal.

I verify that my child is unable to wear a mask due to one (or more) of the following exceptions:

Documented medical verification from my child's medical/health care provider.

Documented developmental condition verification from my child's medical/health care provider.

Student Name (print) _____ Parent/Guardian

Name (print) _____ Parent/Guardian

Signature _____ Date _____

Documentation from my child's medical or health care provider is attached.

Approved Denied

District Official _____ Date: _____