



NEW LENOX SCHOOL DISTRICT 122

102 South Cedar Road, New Lenox, Illinois 60451

Phone 815-485-2169 Fax 815-462-2894

MASK EXEMPTION FORM

Student's Name: _____ Birth Date: _____

School: _____

Parent/Guardian Name: _____

Phone Number: _____

I. TO BE COMPLETED BY THE STUDENT'S PHYSICIAN:

The above named student is under my medical care and is unable to wear a mask while attending school.

Reason for Mask Exemption:

_____ Child is unable to remove his/her own mask

_____ Child has a medical diagnosis _____ that impedes mask wearing.
Name of Diagnosis

Phone # of Physician

Signature of Physician

Date

Address of Physician

Print Name of Physician

2. TO BE COMPLETED BY THE STUDENT'S PARENTS/GUARDIAN:

I, _____, parent or guardian of _____ authorize my child to attend school without wearing a mask. I understand that as a result of lack of facial protection, my child will be distanced from other children in the class, as outlined by Illinois Department of Public Health and Illinois State Board of Education COVID-19 return to school protocols.

I further acknowledge and agree that, as a result of attending school, I waive any claims I might have against New Lenox School District 122, and its employees and agents, arising out of the exposure to COVID-19. In addition, I agree to indemnify and hold harmless New Lenox School District 122, and its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration of said exposure, except a claim based on willful or wanton conduct.

Parent/Guardian Signature

Date