

# Mask Opt-Out Form

## *for Florida Schools*

---

As you know, section 1(d) of the Florida Department of Health's Emergency Rule 64DER21-12, Protocols for Controlling COVID-19 in School Settings, provides that "Students may wear masks or facial coverings as a mitigation measure; however, the school must allow for a parent or legal guardian of the student to opt-out the student from wearing a face covering or mask."

Please take note that I have opted my child, \_\_\_\_\_, out from wearing a mask or facial covering in school, school sports or extracurricular activities, or during any school-sponsored events. I expect that district staff will not discuss masks or any other healthcare issue with my child prior to requesting permission from me. See sections 1014.02-1014.06, Fla. Stat., the Parents' Bill of Rights.

Please ensure that my child is not subjected to bullying, harassment, discrimination, isolation, or intimidation due to opting out of the use of masks or face coverings. Thank you.

I trust such will not occur; but in the most unlikely event that it does, I will report any incidents of harassment so that the district may promptly comply with the notification procedures of section 1002.40(6), which provides that a school district must timely notify a parent of the Hope Scholarship program and provide a completed Hope Scholarship Notification Form (Form IEPC-HS1), per Rule 6A-6.0951, Fla. Admin. Code.

Thank you very much for your immediate attention and assistance with this matter. Please direct any further inquiries or recommendations about face coverings or masks to me and not my child. I will provide all face mask-related information to my child and direct my child's healthcare and will serve as the interface with the school regarding all Covid-19 related matters.

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

Parent/Guardian Name (printed): \_\_\_\_\_

Date Signed: \_\_\_\_\_