



Today's Date: ___/___/___

CONSENT FORM TO OPT-OUT OF FACE MASK REQUIREMENT IMPOSED ON STUDENTS BY BRIGGS PUBLIC SCHOOLS

It is a high priority of Briggs Public Schools to promote health and safety in our learning and working environments so that our students can remain in full-time, in-person learning this school year with layered prevention strategies in place. Masks (or face coverings) are one of our best prevention strategies. A recent court ruling (Oklahoma County District Court in Case No. CDV-21-1918) halts enforcement of the mask mandate prohibition in Senate Bill 658. Briggs Public Schools may now require the wearing of masks by our students, staff, and visitors.

Therefore, effective September 7, 2021, all Briggs Public Schools students, employees, and visitors must wear a face covering that covers both the nose and mouth when inside Briggs Public Schools facilities and in school vehicles. Briggs Public Schools will provide a mask to ANY student, staff member, or visitor that needs mask.

Restrictions Negating Mask Use

If a parent/legal guardian of a student indicates that compliance with mask use is not possible due to medical, religious, or strong personal reasons, the parent/legal guardian may request an exemption for the student in writing. This form must be fully completed for any student seeking a mask exemption.

To Be Completed by Parent, Guardian, Legal Custodian, or Foster Care Provider

PARENT/GUARDIAN/LEGAL CUSTODIAN/FOSTER CARE PROVIDER INFORMATION

Legal Name:

First

Last

Address:

City

State

Zip

Cell Phone Number:

Email:

STUDENT INFORMATION

Legal Name:

First

Last

Address:

City

State

Zip

Date of Birth:

Grade

TYPE OF EXEMPTION

MEDICAL CONTRAINDICATION:

I hereby certify that the following medical condition(s) prevents the above named child from complying with the mask requirement:

State the diagnosed medical condition that would endanger the life or health of the child if they were to wear a mask.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

RELIGIOUS OBJECTION:

I hereby certify that the mask requirement is contrary to the teachings of the above named child's religion.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

PERSONAL OBJECTION:

I hereby certify that the mask requirement is contrary to my beliefs. As the parent or legal guardian of the above named child, I have written a brief summary of my objections in the space provided below. (See Next Page)

REQUIRED: Summary of Objections:

Printed Name of Parent/Guardian

Signature of Parent/Guardian

I, _____ by signing below, attest that:
(Print Name)

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student.
- I understand and agree that nothing herein shall relieve the parent, guardian, legal guardian, foster care provider, or student named from any liability associated with the student not wearing a face covering.
- I acknowledge that the CDC and state/county health department officials recommend universal indoor masking for all teachers, staff, students (age 2 and older), and visitors to K-12 schools, regardless of vaccination status.
- I agree on behalf of myself and the student to hereby release Briggs Public Schools from any and all liability associated with the student not wearing a face covering.
- I will notify the student's school in writing if I choose to revoke my consent.

Printed Name of Student's Parent/Legal Guardian

Signature of Student's Parent/Legal Guardian

Date Signed