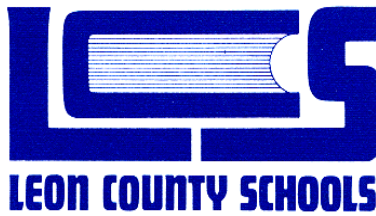


BOARD CHAIR
Georgia "Joy" Bowen

BOARD VICE CHAIR
Darryl Jones



BOARD MEMBERS
Alva Swafford Striplin
Rosanne Wood
DeeDee Rasmussen

SUPERINTENDENT

Rocky Hanna

Dear Parent or Guardian:

COVID-19 is a respiratory illness spread mainly from person-to-person through respiratory droplets which are produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths and noses of people who are nearby or possibly be inhaled into the lungs. COVID-19 may be spread by people who are not showing symptoms which is why keeping exposed individuals separated from others is important.

Symptoms may appear several days after exposure to the virus. The most common symptoms associated with COVID-19 are fever, cough, and difficulty breathing. If symptoms develop in your child, seek medical care, and get tested.

Leading health experts believe the best way to prevent illness is by limiting exposure to the virus by

- maintaining physical distance,
- using a mask when around others indoors,
- washing your hands often with soap and water for at least 20 seconds,
- routinely clean and disinfect frequently touched surfaces and
- other mitigating methods.

In order to keep ALL students safe and to prevent the spread of COVID-19 in our schools and classrooms, we are temporarily requiring ALL students, **Pre-K to grade 8**, to wear face masks while indoors. If this temporary requirement is an issue for you and your child because of health concerns, in order to opt-out, a licensed physician or psychologist **signature and medical stamp** is required on this form, OR you must submit a letter indicating approval by a licensed physician or psychologist on their official letterhead. *(Please attach the letter to this form with parent name and signature).*

Medical Opt Out from temporary mask requirement needed at school:

Name of Student _____ Date _____

Parent/Guardian Name _____
(Printed)

Parent/Guardian Name _____
(Signature)

Physician/Psychologist Name _____
(Printed)

Physician/Psychologist Name _____
(Signature AND Medical Stamp)

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“The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, military status, or genetic information.”

Building the Future Together