



P.O. Box 1680
Panama, OK 74951

Phone: (918) 963-0416
Fax: (918) 963-4860

I, _____ (print name) by signing below, attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student, or I am the employee completing this form.
- I understand and agree that nothing herein shall relieve the parent, guardian, legal guardian, foster care provider, student, or employee name from any liability associated with the student/employee not wearing a face covering.
- I acknowledge that the CDC and our local 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/or the student to hereby release the school and PPS from any and all liability associated with the student/employee 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 Legal Guardian, *Eligible Student*, or Employee

Signature of Student's Legal Guardian, *Eligible Student*, or Employee

Date Signed





CONSENT FORM TO OPT-OUT OF FACE MASK REQUIREMENT IMPOSED ON STUDENTS & EMPLOYEES BY PANAMA PUBLIC SCHOOL

Medical Restrictions Negating Mask Use

If a parent/legal guardian, eligible student, or employee indicates that compliance with mask use is not possible due to medical or religious or strong personal reasons, the parent/legal guardian, eligible student, or employee may request an exemption in writing.

To Be Completed by Parent, Guardian, Legal Custodian, Foster Care Provider, Student 18 Years of Age or Older, Student Otherwise Authorized to Provide Consent, or Employee.

PARENT/GUARDIAN/LEGAL CUSTODIAN/FOSTER CARE PROVIDER/EMPLOYEE INFORMATION

First and Last Name (Legal):

Street Address:

City:

State:

Zip:

Cell Phone Number:

Email:

STUDENT INFORMATION

First and Last Name (Legal):

Student ID #:

Date of Birth:

School:

Street Address:

City:

State:

Zip:





TYPES OF EXEMPTION

MEDICAL CONTRAINDICATION:

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

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

Printed Name of Parent/Guardian/Employee

Signature of Parent/Guardian/Employee

RELIGIOUS OBJECTION:

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

Printed Name of Parent/Guardian/Employee

Signature of Parent/Guardian/Employee

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, or as the employee listed above, I have written a brief summary of my objections in the space provided below.

REQUIRED: Summary of Objections:

Printed Name of Parent/Guardian/Employee

Signature of Parent/Guardian/Employee

