



Meridian Medical Arts Charter High School
1789 E Heritage Park Lane
Meridian, Idaho 83646
Phone: (208) 855-4075 Fax: (208) 895-1996

Meridian Medical Arts Charter High School Opt-Out Form for Mask Requirement

All students and staff are required to wear masks/face coverings properly (covering mouth and nose) while they are in the classroom and are unable to social distance until further notice. This policy will be revisited as needed. We recognize that parents have a choice when it comes to the health of their child. If you prefer for your student to not wear a mask, the student's legal parent/guardian must sign and **bring the opt-out form in person** to the school at 1789 E. Heritage Park Lane, Meridian ID 83646.

A government issued Photo ID will be required by parents who are wishing to submit an opt-out form. Students will not be allowed to bring signed forms to school.

Please note that the opt-out does not apply to students on the school bus, as the Centers for Disease Control has issued a public health order **requiring masks to be worn while on public transportation**, this includes school buses. We must comply with a public health order. Meridian Medical Arts Charter School District reserves the right to terminate the opt-out option (medical exemptions will still apply) based on school-based health trends.

Please return one opt-out form for each child.

Meridian Medical Arts Charter High School Mask Requirement Opt-Out Form *Please Complete One Form Per Student*

I, _____, parent of _____
(Parent name) (Student name)

choose to opt out my student from the Meridian Medical Arts Charter High School mask requirement. I understand that opting out of this mask requirement is going against the recommendations of Central District Health, the Centers for Disease Control and Prevention, the American Academy of Pediatrics, and the Meridian Medical Arts Charter School District. Additionally, I understand that my student may have to quarantine from school and school related activities for 10-14 days **if exposed to COVID while not wearing a mask.**

Student Name (please print) _____

Grade (2021-2022 School Year) 9 10 11 12

Parent/Guardian Printed Name _____

Parent/ Guardian Signature _____

Date _____

Please acknowledge that the Meridian Medical Arts Charter School District reserves the right to terminate this opt-out agreement based on school-based health trends. We may require all students to wear masks without the opt-out option available. _____

(Parent/Guardian Initial)

Please acknowledge that the opt-out does not apply to students on the school bus, as the Centers for Disease Control and Prevention has issued a public health order requiring masks to be worn while on public transportation, this includes school busses. _____

(Parent/Guardian Initial)