EAST POINSETT COUNTY SCHOOL DISTRICT
PARENTAL CHOICE
STUDENT MASK OPT-OUT FORM

On July 28, 2021, Governor Asa Hutchinson declared Arkansas to be in state of a public health emergency due to a surge of cases of Delta variant of COVID-19 and our hospital I.C.U. beds are at capacity or near to capacity. On August 3, 2021, the Arkansas Legislature voted to approve the Governor's public health emergency.

The Delta variant has caused an increase in the number of Arkansas children being hospitalized, placed on ventilators, and who have died from COVID-19. Children younger than 12 years old are not eligible to receive the COVID-19 vaccine.

Masks have been proven to reduce the transmission of COVID-19 and are a necessary tool for protecting those not yet eligible for vaccination. The Centers for Disease Control (CDC), the American Academy of Pediatrics (AAP), the Arkansas Department of Health (ADH), and the Arkansas Division of Secondary and Elementary Education (DESE) recommend that individuals, older than the age of two, wear a mask in public indoor settings if they are in an area of substantial or high transmission. The entire state of Arkansas is considered to currently have a high transmission rate of COVID-19.

The CDC and AAP recommend that children return to in-person education where it is safe to do so, and the District recognizes the importance of in-person learning. As a result, the District recommends and will assume that all parents want their children to wear masks while in school to prevent the transmission of COVID-19 and to allow in-person learning to continue for the 2021-2022 school year. **This recommendation is not mandatory, and each parent has a choice to opt their student out of wearing a mask while at school.**

By completing this form, you are authorizing your student not to wear a mask while at school. A separate form must be completed for each child and submitted to the child's principal.

Parent/Guardian/Legal Custodian Information:

Name:_____ Email:_____

Address: _____ Phone: _____

Student Information

Name:_____ School: _____

Date of Birth:_____ _____ Address:_____

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for my student.
- I understand that my student is more likely to contract and transmit COVID-19 if my student is not wearing a mask indoors.
- I acknowledge that the District, ADH, and the CDC recommend that students wear face coverings in the school environment to protect against the spread of COVID-19 based on scientific evidence and research studies.
- I agree on behalf of myself and my student to release the District from all liability associated with the student not wearing a face covering.
- I understand that my student is subject to any guidance issued by ADH, DESE, and the CDC related to school bus operations based on limitations, restrictions, or requirements promulgated by the federal government, including wearing of masks while on a school bus. Except for mask requirements, I understand that my student will remain subject to all other school district requirements, including those related to COVID-19.

- I understand that if I am a student age18 or older, or a student who may otherwise legally consent, references to “student” refer to me and I may sign this form on my own behalf.
- I will notify my student’s school in writing if I choose to revoke my consent.

_____

_____ Date:_____

Signature of Parent/Guardian/Custodian:
(If student is under the age of 18)

_____

_____ Date:_____

Signature of Student (If 18 or older)