



# Archdiocese of Miami

## Parental Consent for Student Opt-Out of Mask Usage Policy for Unvaccinated Students

Fillable form - just  
click and type

By submitting this consent form, I am notifying the Archdiocese of Miami of my decision to opt out my child/student listed below from the policy of the Archdiocese of Miami to wear a mask or facial covering indoors in school buildings. I recognize that the Archdiocese's policy is based on the recommendation of the Center for Disease Control (CDC). I understand that the provisions for parent/guardian consent to opt out of face covering use is contingent on COVID-19 conditions in the local community and individual schools and mandated masks may be re-implemented if necessary at the sole discretion of the Archdiocese of Miami.

### STUDENT INFORMATION

|                      |  |                      |  |
|----------------------|--|----------------------|--|
| <b>STUDENT NAME</b>  |  |                      |  |
| <b>SCHOOL NAME</b>   |  |                      |  |
| <b>GRADE/CLASS</b>   |  | <b>DATE OF BIRTH</b> |  |
| <b>CONTACT PHONE</b> |  | <b>EMAIL</b>         |  |

### CONSENT TO OPT OUT

As parent/guardian of the above named student, I elect to opt out my child/student from the requirement of wearing a mask or facial covering in school as recommended by the CDC.

|                          |                  |
|--------------------------|------------------|
| <b>PRINT PARENT NAME</b> |                  |
| <b>PARENT SIGNATURE</b>  |                  |
| <b>DATE</b>              | ___ / ___ / 2021 |

#### Office use only:

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_  
Signature

Has been stored in student's medical file?

Added to Consent List?