



## BPS FACE MASK POLICY – PARENTAL OPT-OUT FORM

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. It may be spread by people who are not showing symptoms which is why mitigation measures are important.

In an effort to keep ALL students safe and to prevent the spread of COVID-19 in our schools and classrooms, we are temporarily requiring all **students and employees** to wear face masks while indoors. However, if a parent/guardian has concerns regarding their child wearing a mask and chooses to opt them out, the below form must be completed which will forgo them from wearing a mask as recommended by the CDC.

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**My child, \_\_\_\_\_, will opt out from wearing a mask.**

By signing the form below, I understand the Board will continue to review levels of COVID-19 transmission in Brevard County and may tighten or loosen restrictions as needed to protect the health and safety of our students and employees. I also understand that pursuant to section 768.38, Florida Statutes, an educational institution is not liable for damages, injury or death arising from or related to COVID-19, provided it made a good faith effort to substantially comply with one of more sources or set of health standards or guidance that was authoritative or controlling at the time the cause of action is alleged to have occurred.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_