



Sarasota Academy of the Arts Medical Opt Out Mask Requirement Form

Student's Last Name

Student's First Name

Student's Grade Level

Student's Date of Birth

As the parent/guardian of _____, I hereby request that my child be released from the Sarasota Academy of the Arts Covid-19 Emergency Face Mask Policy requirement for the 2021-2022 school year.

Parent/Guardian Signature

Date

FOR ACTIVE FLORIDA LICENSED HEALTH CARE PROVIDERS ONLY (medical doctor, osteopathic physician, advanced registered nurse practitioner, or clinical psychologist)

I certify that _____ cannot wear a mask due to a medical, physical, or psychological contradiction.
Student's First & Last Name

- I am a Medical Doctor Osteopathic Physician
 Advance Registered Nurse Practitioner Clinical Psychologist

Health Care Provider License No. _____

Health Care Provider Phone No. _____

Licensed Health Care Provider Name(Print)

Licensed Health Care Provider Signature

Date

Please complete, sign, and return this form to the SAA Administrative Office.