



To Whom It May Concern,

The documented health rights of my child and the associated request to opt-out of facial masking were provided to you on _____. These stipulated rights and request are currently being violated by district staff.

Per your mask required policy, my student will be forced to wear a facial covering, under duress, in order to have access to a free equal education opportunity. This is formal notice of my objection and this document is to be placed in my child's school file.

Regards,

_____(Parent/Guardian Signature)

Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian of _____ (Student Name)

School. Attending _____

Grade _____