



## **CONSENT FORM TO OPT OUT OF FACE MASK REQUIREMENT IMPOSED ON STUDENTS BY A SCHOOL OR SCHOOL DISTRICT**

Pursuant to Executive Order No. 2021-23, issued by Governor Henry McMaster on May 11, 2021, the South Carolina Department of Health and Environmental Control (DHEC) has developed this standardized form to provide consent for or on behalf of a student in any public school in the State of South Carolina to opt out a student from a face covering requirement imposed by any public school official or public school district pertaining to school operations and facilities.

DHEC and the Centers for Disease Control and Prevention (CDC) have provided guidance stating that the wearing of face coverings slows the spread of COVID-19. Failure to wear a face covering may subject a student to an increased risk of contracting COVID-19 and spreading COVID-19 to others.

By completing this form, you are authorizing your student to not wear a face covering while at school. A separate form must be completed for each child.

### **To Be Completed by Parent, Guardian, Legal Custodian, Foster Care Provider, Student 18 Years of Age or Older, or Student Otherwise Authorized to Provide Consent**

#### Parent/Guardian/Legal Custodian/Foster Care Provider Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Student Information ("the student")

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

By signing below, I attest that:

- I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the student.
- I understand and agree that nothing herein shall relieve the parent, guardian, legal guardian, foster care provider, or student named from any liability associated with the student not wearing a face covering.
- I acknowledge that DHEC 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 the student to hereby release the school, school district, South Carolina Department of Education (SCDE), and DHEC from any and all liability associated with the student not wearing a face covering.
- I understand that the student is subject to any guidance issued by SCDE related to school bus operations based on limitations, restrictions, or requirements promulgated by the federal government, including wearing of face coverings while on a school bus. With the exception of face covering requirements, I understand that the student shall remain subject to all other school and school district requirements, including those related to COVID-19.
- I understand that if I am a student age 18 or older, or a student who may otherwise legally consent, references to “the student” refer to me and I may sign this form on my own behalf.
- I will notify the student’s school in writing if I choose to revoke my consent.

Signature of Parent/Guardian/Legal Custodian/Foster Care Provider:  
(if student is under the age of 18)

\_\_\_\_\_

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

Signature of Student:  
(if age 18 or over or otherwise authorized to consent)

\_\_\_\_\_

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