

Face coverings have been mandated by the state of California for whenever you will be near someone you do not live with. **If your child has a medical need that prohibits them from wearing a mask, this form must be completed by both the parent/guardian and physician and the child is required to wear a face shield.** Please complete and submit this form to the CARD office a minimum of two business days prior to the first day of any program.

### PART 1- PARENT/GUARDIAN TO COMPLETE

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

If your child has a medical need that prohibits them from wearing a mask, this form must be completed by both the parent/guardian and physician and the child is required to wear a face shield. Do you agree to have your child wear a face shield if they are unable to wear a mask?

Please check: Yes  No

By signing this form, I authorize \_\_\_\_\_, my child's physician, to complete the bottom portion of this form. This form will stay on file at the CARD office and I agree to notify CARD every time I enroll my child into a program in which wearing a face mask may be necessary. I will also update CARD if my child's needs change.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART 2- PHYSICIAN TO COMPLETE

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City

Zip

If a child has a medical need that prohibits them from wearing a mask, this form must be completed by both the parent/guardian and physician and the child is required to wear a face shield. Does the child's medical condition prohibit them from wearing a face mask?

Please check: Yes  No

Physician's Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_