



Face Coverings: A Guide for Families

The Hernando School District has committed to ensuring the safety of staff, students and visitors to our schools by adopting and implementing a variety of practices to limit the spread of COVID -19. Health experts determined face coverings to be an effective tool in stopping the spread of COVID-19.

FACE COVERINGS

To keep our schools and offices healthy and safe - ALL staff, students, visitors and vendors will be required to wear a face covering while on school district property when social distancing cannot be maintained or unless the function cannot be performed with a face covering.

Face coverings are required for all staff, students, visitors and vendors during the school day and while on any Hernando School District property including school transportation. The district will continue to monitor COVID-19 within our community and adjust these rules as necessary. Face coverings are required unless social distancing of 6 feet is maintained or an approved exception applies. The following are approved exceptions.

Face coverings are not required:

- while eating or drinking
- when a face covering would cause an impairment due to an existing health condition
- when social distancing is adhered to in accordance with CDC guidelines
- when communicating with the hearing impaired and the person's mouth must be seen
- when face coverings would be an impediment to instruction (teachers and students)
- when participating in recess/physical education classes and adhering to social distancing

Responsibilities: Face coverings are required for students while on school property. For all students who choose In-School Learning, Hernando School District will provide **2 cloth** face coverings. It is the parent's responsibility to ensure their child has a face covering each school day. Acceptable face coverings must cover the nose and mouth and comply with dress code as defined in the Student Code of Conduct. Sharing or exchanging face coverings is prohibited. There will be a limited supply of disposable masks available for emergencies or if a student forgets to bring their own. Throughout the school day, brief breaks from wearing face coverings will be provided.

Sports: Student athletes are required to follow guidance issued by the Florida High School Athletic Association (FHSAA). This guidance document can be found at: <https://www.fhsaa.org>. Students will be required to wear a face covering when social distancing cannot be maintained unless the function cannot be performed with a face covering.

Loss/Damage: While the face covering requirement is in place, there will be a limited supply of disposable masks available for emergencies or in case a student forgets to bring their own.

Communication: Every attempt will be made to ensure that students and parents understand the importance of wearing a face covering. The District will work with families to identify the more appropriate learning path if face coverings will not be worn.

Accommodations/Exemptions: Disability Exemption: Students with a disability (as recorded in an IEP/504 or existing health plan) and as a result of that disability, the student is not able to wear or tolerate a face covering. Medical Exemption: Students with documentation from a health provider verifying the student is not able to safely or reasonably utilize a face covering due to a medical condition or disability. Beyond the medical exemption, as determined by a physician, no other exemption will apply.

Buses: It is the student's responsibility to wear a face covering while on district transportation. Parents are required to ensure their student comes to school each day with an appropriate face covering.

FACE COVERINGS:

EXPECTATIONS & CONSEQUENCES FOR STUDENTS

Face coverings are required for *all students while on Hernando School District property including school transportation.

*Students without a medical exemption.

Students who repeatedly fail to comply with the face covering requirement:

Offense
1



Student will receive:

- verbal reminder
- disposable face covering

Offense
2



Student will receive:

- parent contact
- disposable face covering

Offense
3



Student will receive

- parent conference with school staff
- disposable face covering
- consideration for digital/virtual learning option

Offense
4



Violation of Safety - *All Other Violations- Level 1

- In-school suspension 1-3 days (with social distancing)
- Parent conference to discuss digital/virtual option
- Final decision is at the discretion of school administration
- **The Student Code of Conduct applies to all situations involving the requirement to wear face coverings.**

FACE COVERINGS: EXEMPTIONS

Face coverings are required for all students while on Hernando School District property including school transportation except those with a medical exemption.

Medical Exemption

- Parents seeking a medical exemption for their student must provide documentation, completed by a physician. The "**Authorization for Administration of Prescribed Medical/Treatment**" form must specify the medical reason for the exemption.
- The form must be provided to the Principal or designee.
- Once medical documentation is received, clinic staff will add student name to the medical exemption roster.
- A Mask Pass will be issued to the student. The Mask Pass will be available to show a staff member upon request. Student must carry the Mask Pass at all times on their person.

**While parent seeks medical exemption, the student will be enrolled in Digital Home Learning until medical documentation is received by school staff.*

*Disability Exemption

- Student's IEP/504 Plan must include clear **medical** documentation to support an accommodation exempting the student from wearing face coverings while at school. Parents must provide an "Authorization for Administration of Prescribed Medical/Treatment" form to qualify for a Mask Pass.

Students who do not qualify for a medical exemption but who wish to claim an exemption based upon religious consideration will be contacted by school staff for assistance in enrolling in one of the virtual learning options.

The School Board's emergency rule, these procedures, and their implementation are not to disrupt, interfere with, or otherwise abridge the rightful, protected expression of a genuinely held religious belief or creed, or any other expression or act that is protected by the Federal or Florida Constitution or law. Staff is to provide reasonable accommodations to students and staff, where feasible and appropriate in such away that still effectuates the purpose of the emergency rule, which is the health, safety, and welfare of students, staff, and the community. A reasonable accommodation would include permission to wear a full face covering, when required by a religious belief or creed. Any reasonable accommodation provided must comply with the safety mandates of this rule, and thus, when an accommodation requires it, a non disciplinary change in the location of a student's educational instruction may be appropriate.

THE SCHOOL DISTRICT OF HERNANDO COUNTY, FLORIDA
Authorization for Administration of Prescribed Medication/Treatment

Student's Name

Student's I.D. Number

Student's Date of Birth

School

School Address

AUTHORIZATION TO ADMINISTER PHYSICIAN PRESCRIBED MEDICATION/TREATMENT TO STUDENTS BY AUTHORIZED PERSONNEL:

1. Prescribed medications or treatments can only be administered or performed at school when failure to receive such medication or treatment could jeopardize a student's health.
2. The Physician Authorization and Legal Guardian Permission segments of this form must be completed and signed prior to the execution of the prescription.
3. This form must be updated every school year. If medication is changed by the physician during the year, a new form must be submitted to the school nurse.

PHYSICIAN'S AUTHORIZATION (*To be completed by the prescribing physician.*)

THE ABOVE STUDENT IS UNDER MY MEDICAL SUPERVISION. I HAVE PRESCRIBED THE FOLLOWING MEDICATION AND/OR TREATMENT:

Medication/Treatment: _____

Amount: _____

Specific Procedure: _____

REASON(S) FOR MEDICATION/TREATMENT: _____

POSSIBLE ADVERSE REACTIONS OR COMPLICATIONS OF THE PRESCRIBED MEDICATION/TREATMENT: _____

Allergies: _____

Physician's Name (Printed): _____ Phone Number: _____

Physician's Address: _____

Physician's Signature: _____ Date: _____

LEGAL GUARDIAN PERMISSION (*To be completed by student's legal guardian.*)

Name: _____ Address: _____

Home Phone: _____

Business Phone: _____ Emergency Phone: _____

I HEREBY REQUEST THAT MY CHILD BE GIVEN THE ABOVE PRESCRIBED MEDICATION AND OR TREATMENT WHILE IN SCHOOL AND AWAY FROM SCHOOL FOR ACTIVITIES. I UNDERSTAND THE LAW PROVIDES THAT THERE SHALL BE NO LIABILITY FOR CIVIL DAMAGES AS A RESULT OF THE ADMINISTRATION OF SUCH MEDICATION AND/OR TREATMENT WHERE THE PERSON ADMINISTERING SUCH MEDICATION AND/OR TREATMENT ACTS AS AN ORDINARILY REASONABLY PRUDENT PERSON WOULD HAVE UNDER THE SAME OR SIMILAR CIRCUMSTANCES.

Signature of Legal Guardian: _____ Date: _____

**AUTHORIZATION FOR ADMINISTRATION OF PRESCRIBED
MEDICATION AND/OR TREATMENT**

Instructions for Completion:

1. The Clinic Aide should complete the top section of the form with the demographic information about the student.
2. The Physician then completes the center section with the prescribing information.
3. The bottom section is to be completed by the parent or legal guardian of the student involved. Parent's signature should be obtained only after the parent has reviewed the information on the form.
4. The original of the completed form should be filed in the student's cumulative records. Copies of the completed form should be distributed as follows:
 - a. Clinic Aide
 - b. Prescribing Physician
 - c. Parent
 - d. Any other appropriate individuals

The form should be renewed annually and also any time there is a change in the student's medication and/or procedure.