

Butterfly Garden Learning Center, Inc
Face Covering Accommodation Form

This form must be completed in its entirety by individuals who believe they require an accommodation to the Butterfly Garden Learning Center, Inc (“BGLC”) Face Covering Protocol. The Protocol requires all staff, students and visitors to wear face coverings in on BGLC premises.

Face coverings are required to prevent the spread of COVID-19. In the school setting, face coverings must be worn by everyone except children younger than 2 years old, people with physical or intellectual disabilities who are unable to remove a face covering without assistance, and on rare occasions, individuals with severe breathing problems.

Name of Person Requesting Accommodation: _____

Name of Parent/Guardian (student request only): _____

Contact information

Phone Number: _____ (home) _____ (mobile)

Email address: _____

Emergency Contact (name): _____ (relationship) _____

Emergency Contact phone number: _____

Verification of Request

Reasons for request for accommodation to Face Covering Protocol (please describe the basis for your request as completely as possible)

To be completed by the physician of the person requesting accommodation

Please describe the medical basis for the individual’s inability to wear a face covering in the school setting. While a diagnosis is not required, please provide the specific detrimental effect of the face covering requirement on functioning in each area below:

Circle Yes or No; where answer is Yes, explanation is required

1. **Circulatory System.** Detrimental effect: YES NO

Explanation: _____

2. **Respiratory System.** Detrimental effect: YES NO

Explanation: _____

3. **Exocrine System (skin).** Detrimental effect: YES NO

Explanation: _____

4. **Immune/Lymphatic System.** Detrimental effect: YES NO

Explanation: _____

5. **Nervous System.** Detrimental effect: YES NO

Explanation: _____

If there are other medical reasons that require this accommodation, please explain below:

Would the condition that limits the person's ability to comply with the face covering protocol be assisted by any of the accommodations listed below?

• Modifications to the face covering itself? YES NO

If yes, describe modifications needed (changes to material, fastening system, style)

• Regular breaks from the requirement to wear a face covering? YES NO

If yes, describe frequency and length of breaks needed:

• (For students) Additional training from a behavior specialist or other specialist that would assist the student in adapting to/generalizing this requirement? YES NO

If yes, provide input about type of programming required:

Are there any other accommodations that would address the individual's needs and enable compliance with the face covering protocol?

If the physician states that face coverings may not be required under any circumstances:

Is the individual able to be around others who wear face coverings or protective equipment?

YES NO

If no, explain: _____

Is the individual able to be around others who are also unable to wear face coverings if social distancing is maintained?

YES NO

If no, explain; _____

BGLC reserves the right to seek a fitness for duty information for employees and an independent medical assessment for students to verify the information provided on this form.

Signature of Person Requesting Accommodation: _____
Date

Parent/Guardian Signature (students only): _____
Date

Physician Signature: _____
Date

Physician Phone Number: _____