

CONDITIONAL STATEMENT OF MASKING MY ENROLLED CHILD

By requiring my child to be masked under your custodial care during the school day, _____ County Public Schools and the _____ County Board of Education assumes all liability (medical and civil) associated with all non Covid-19 related health effects of masking, which includes, and not limited to, Bacterial Respiratory Infections, Pneumonia, Tuberculosis, Meningitis, Blood stream infections, Sepsis, Diphtheria, Strep, Legionnaires' Disease, Asthma, Skin Rashes, Eye Infections, Styes, and Acne. Mental health conditions that may arise as a result of masking will also be accounted for, including Social Isolation, Insecurity, Anxiety Disorder, Social Emotion Disorder, Speech and Language Delay, Communication Disorders, Social/Pragmatic Impairment, Learning Delay, and Cluster Phobia.

There will be random student mask testing by a certified lab to test for the following pathogens: Streptococcus Pneumoniae, Mycobacterium Tuberculosis, Neisseria Meningitidis, Acanthamoeba Polyphagia, Acinetobacter Baumannii, Escherichia Coli, Borrelia Burgdorferi, Corynebacterium Diphtheriae, Legionella Pneumophilia, Staphylococcus Pyogenes M3, and Staphylococcus Aureus.

The Governor has not declared a State of Emergency, and the acts of the Maryland State Board of Education and the Maryland General Assembly to declare a Partial State of Emergency is illegal and unconstitutional. Failure of the local board to vote on this matter has been a forfeiture of their authority, role, and obligation to the people. Their silence is consent to implement a school mask mandate if they have not voted in support of parent mask choice.

Unless you can ensure the safety of my child as a result of your decision of a mask mandate, you don't have my permission to mask my child as a condition to receive physical access to an education. I expect you to provide a fresh disposable mask upon entry of each classroom change interval. In the enrollment of my child in the 2021-2022 school year, you acknowledge and agree to these terms and conditions independent of the Prep Act or any Covid-19 related decision by the State of Maryland. You also acknowledge that these decisions by officials can consequently bring potential harm to my child, and also violates my family's civil rights and liberties under both the Maryland and U.S. Constitution. If these actions result in the harm of my child and family, excluding Covid-19, it will be construed beyond willful misconduct and will be handled accordingly.

Printed Name of Parent

Signature of Parent

Date