

# COMMONWEALTH OF KENTUCKY

**Child Care Face Mask Permission Form**

The Kentucky Department for Public Health encourages the wearing of face masks for children above the age of two (2) who can safely and appropriately wear, remove, and handle a face mask. Pursuant to the governing administrative regulation, 922 KAR 2:410E, Section 8:

* A child care provider shall not require a child who is not in the first grade or above to wear a face mask;
* A child who is two (2) years of age or younger shall not wear a face mask;
* A child who is between three (3) years of age and first grade may wear a face mask if the child care provider and the parent or guardian sign this form; and
* Exceptions to wearing a face mask are included in 922 KAR 2:410E, Section 8(5), and include when a child is actively engaged in vigorous play or exercise; when a child is outside and has six (6) feet or more separation from others; and when a child is eating, drinking, or napping.

Parent or guardian attestation:

* I acknowledge that wearing a face mask could put my child at increased risk of choking, suffocation, or strangulation.
* I acknowledge that it is the responsibility of my child to wear a face mask and it is not the responsibility of the provider to ensure that it is worn.
* I agree to provide a sufficient supply of clean masks for my child to allow for replacing the mask as needed and I agree to include my child’s name on all masks.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or guardian signature

Provider attestation:

* As the child care provider for the above-named child, I agree that my center can provide the appropriate supervision to ensure the above-named child’s safety while wearing a face mask.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child care director signature