

**Gibraltar Area School District**  
**Optional Masking Permission Slip**

I hereby grant my child(ren) \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_

permission to participate in optional masking while attending school. I understand that my child may be required to mask if identified as a close contact to someone who has tested positive for COVID-19. Please return this permission slip to the Elementary or Secondary Office as soon as possible.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date