

## Student Face Covering — Exemption Request

If your child has a documented medical or mental health condition or disability that precludes the wearing of a face covering while on the bus and at school, and you are requesting an exemption from this requirement, you must submit this form, completed by you and your child's physician, to the building principal for review and approval.

### SECTION A. To be completed by the parent/guardian.

Full Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School Building: \_\_\_\_\_ Bus #: \_\_\_\_\_

I request an exemption for my child from the requirement to wear a face covering. I understand that:

1. By not wearing a face covering, my child may be at increased risk of contracting or spreading COVID-19.
2. Submitting this form constitutes my permission for the District to communicate with my child's healthcare provider regarding this medical or mental health condition or disability.
3. Submitting this form may trigger "child find" obligations under IDEA or Section 504.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Name (Signature)

\_\_\_\_\_  
Date

### SECTION B. To be completed by your child's healthcare provider.

Full Name of Healthcare Provider: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

My patient (the child) has the following medical or mental health condition or disability that precludes the wearing of a face covering on district property (specify): \_\_\_\_\_

\_\_\_\_\_  
List any alternatives (such as face shields, etc.) that may be used by the patient to help prevent the contraction and spread of COVID-19: \_\_\_\_\_

\_\_\_\_\_  
Healthcare Provider's Name (Printed)

\_\_\_\_\_  
Healthcare Provider's Name (Signature)

\_\_\_\_\_  
Date