COVID-19 Student Face Covering Exemption Request and Medical Certification

In connection with the COVID-19 pandemic students have been asked to wear face coveringswhile in attendance in-person at school to the extent recommended by local health orders. It is understood that some students may have disabilities, medical conditions, or mental health conditions where wearing a face covering is not possible. Thus, the student will qualify for anexemption to the face covering requirement. In order to receive an exemption from applicableface coverings requirements, this form must be completely filled out and emailed to your school principal.

Parent Consent for Two Way Communication	
I affirm that my child has been diagnosed with the medical condition, mental health condition, and/or disability described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with the following school: _____.	
Parent/Guardian Name	Parent Telephone and Email Address
Signature of Parent/Guardian	Date
Medical Condition:	
Mental Health Condition:	
Disability:	

Medical Certification
As the student's health care provider, I certify that this student has a medical condition, a mental health condition, or a disability that may cause harm or obstruct breathing, making it inadvisable or impracticable for the student to wear a face covering. Examples include, but are not necessarily limited to, students with respiratory impairments, hearing impairments requiring the use of facial/mouth movements, physical impairments that make it difficult to easily wear or remove a face covering, sensory impairments, etc.

Student Name	**Student ID Number**	**Student Date of Birth**
Home Address		**School/Grade**

Name of Physician (Print)	Medical License #:
Signature of Physician	Date

For Staff Use Only:

Copy to Pastor Date:_____
Copy to Principal Date:_____
Copy to School Nurse Date:_____
Copy to Teacher/s: _____ Date:_____

Physician Name/Address Stamp Required Above