

Student Mask Exemption Request Form

In compliance with the PA Public Health Order dated July 1, 2020, Spring-Ford Area School District will require students to wear face masks while attending school in-person. SFASD recognizes that some students may have disabilities, medical conditions, or mental health conditions that prevent the student from safely or effectively wearing a face mask.

To receive an exemption from applicable face mask requirements, this form must be completed in its entirety and **emailed to the student’s school nurse prior to the first day of attendance.**

Part 1: For completion by Parent/Guardian:

| | | |
|---|-----------------------------------|--|
| Student Name: | School/Grade: | DOB: |
| Student currently has (check): | | |
| <input type="checkbox"/> Individualized Education Program (IEP) | <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Health Care Plan <input type="checkbox"/> N/A |
| Parent/Guardian Name (print): | | Phone: |

I request that my child, _____, be exempt from face mask requirements while at schools based on the qualifying medical condition(s) reported by the medical professional below. I understand the following:

- By not wearing a face mask, my student is potentially at a higher risk of COVID19 exposure
- The school may take additional safety precautions such as encouraging my student’s use of a face shield and physically distancing my student from others to protect all students and staff
- The school may consider alternative, appropriate learning options for my child if needed for safety
- I am expected to comply with all other COVID19 mitigation strategies including keeping my student home for any sign of illness

Parent/Guardian Signature: _____ Date: _____

Part 2: For completion by Medical Professional (MD, DO, PA, or APRN):

I certify that this student has a physical, medical, or mental impairment that substantially limits a major life activity as described below AND that use of a face mask may cause harm to the student.

| | |
|--|--|
| Impairment type(check): | List Impairment(s): |
| <input type="checkbox"/> Physical <input type="checkbox"/> Medical <input type="checkbox"/> Mental | |
| List Contraindications of mask wearing & check option below: | |
| | |
| <input type="checkbox"/> Student may wear mask as tolerated / frequent breaks | <input type="checkbox"/> Student may not wear a face mask |
| Medical Professional Name (print): | Medical License #: Phone: |

Signature of MD, DO, PA, or APRN: _____ Date: _____