

FACE COVERING EXCEPTION FORM

The undersigned, intending to be legally bound, hereby executes this Form on behalf of my child or ward, a student at _____ acknowledges, represents, warrants, certifies, and covenants and agrees with the following.

1. An September 7th 2021 Order (the "Order") of the PA secretary of health, provides as follows regarding the face covering requirement.

Section 3 subsection B

"If wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability. "

In accordance with Section 4 subsection 4; Schools are directed by the PA health department to...

"Provide reasonable accommodations for individuals who state they have a medical condition, mental health condition, or disability that makes it unreasonable for the person to maintain a face covering. "

In accordance with Section 5 of the Order "A School Entity should not:"

a. Enforce face covering requirements when there is an exception under Section 3 or if it is unsafe to do so.

b. Restrain, use force, or physically remove, teachers, children/students, staff, or visitors who refuse to comply with this Order when it would not otherwise be legal to do so.

c. Violate other laws, including state and federal anti-discrimination laws.

2. Based on the Order by the PA Department of Health, I hereby certify that my child _____ cannot wear a mask or face shield due to the severe risk of developing a medical condition or worsening a existing medical condition, mental health condition or disability. This is in full compliance with the Exemption granted under section 3 s.s. B.

3. I also reasonably expect that the Order section 4 s.s. 4 is honored " Provide reasonable accommodations for individuals who state they have a medical condition"

4. I reasonably expect no violations of section 5 "Restrain, use force, or physically remove, teachers, children/students..." in response to this exception.

DO NOT APPROACH MY CHILD REGARDING MASKS FOR ANY REASON, CONTACT ME.

SIGNATURE _____

Date _____

Printed name of the Student: _____

Printed name of the Parent/legal guardian _____

Phone number _____