

Rowan Salisbury Schools - Student Mask Exemption Form

For certain individuals, the use of cloth face coverings by students may pose a challenge. In the event a student cannot wear a cloth face covering due to a reason indicated below, a face shield that wraps around the sides of the wearer's face and extends to below the chin, is recommended as a substitute.

Part 1: Student Information

Student First Name	Student Last Name
School	Grade
DOB:	Student Number:
Does student have a 504 Plan or an IEP Yes No	
Parent Guardian Name	

Cloth coverings over the nose and mouth are one of the best prevention measures for preventing the transmission of COVID-19. I understand that by my child not wearing a face covering they are potentially at a higher risk of COVID-19 exposure

Parent Signature: _____ Date _____

Part 2: Physician Confirmation

Please list each pre-existing medical condition that would preclude the child from wearing a face mask at school?	Please list the medical contraindications for each medical condition listed:

Physician Please check all that apply and sign:

____ I certify that the physical condition of the above named student is such that wearing a face mask would endanger his/ her life or health or is medically contraindicated due to other medical conditions.

____ I certify that the physical condition of the above named student is such that wearing a face shield would endanger his/ her life or health or is medically contraindicated due to other medical conditions.

Physician Name: _____

Physician Signature: _____ Date _____

Clinic Stamp