



FACE COVERING EXEMPTION FORM

South Washington County Schools (SoWashCo Schools) students may be exempt from the requirement to wear a face covering at school if a medical authority certifies that the student has a medical condition, mental health condition, or disability that makes it unreasonable for the student to wear a face covering.

- "Face covering" means a paper or disposable mask, cloth face mask, medical-grade mask, medical grade respirator, scarf, bandanna, neck gaiter, or religious face covering that covers the nose and mouth completely in accordance with CDC guidance. A face shield is not a substitute for a face covering.
- "Medical authority" means a medical doctor, clinical psychologist, physician assistant, or advanced registered practice nurse (APRN) who has seen or treated the student.

If you believe that your child is exempt from wearing a face covering, but you believe your child cannot tolerate a face covering because of a developmental, behavioral, or medical condition, you must sign this form and have a medical authority sign and complete this form. An exception may be made if SoWashCo Schools already has reliable information from a medical authority confirming that your child has a medical condition, mental health condition, or disability that makes it unreasonable for your child to maintain a face covering.

This form must be submitted to your school's health office. SoWashCo Schools will make the final determination of whether the student qualifies for an exemption.

| To Be Completed By Parent/Guardian | |
|--|-----------------------|
| Student Name: | Date of Birth: |
| Address: | School of Attendance: |
| I certify that the information on this form is true and accurate to the best of my knowledge. | |
| Parent Signature: | Date: |

| To Be Completed By Medical Authority | |
|--------------------------------------|-----------------|
| Print Name: | Name of Clinic: |
| Clinic Address: | Clinic Phone: |

Based on personal knowledge from examining, treating, or reviewing the medical records of the student who is identified above, I certify that the following is true and accurate (check those that apply and identify conditions).

- The student has the following medical condition, mental health condition, or disability that makes it unreasonable for the student to wear a face covering at school:**

Face covering exemptions for physical education (PE) classes and sports only:

- The student has the following medical condition, mental health condition, or disability that makes it unreasonable for the student to wear a face covering during PE classes:**

- The student has the following medical condition, mental health condition, or disability that makes it unreasonable for the student to wear a face covering during sports:**

Signature of Medical Authority:

Date:
