

FACE COVERING EXEMPTION/FACE SHIELD AUTHORIZATION

A student 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. A student who is not exempt from wearing a face covering may qualify to use a face shield as an alternative to a face covering if the student is unable to tolerate a face covering because of a developmental, behavioral, or medical condition.

- **Face covering.** The term “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.
- **Face shield.** The term “face shield” means a clear plastic barrier that covers the face, extends below the chin, and wraps around the sides of the face to the ears. A face shield may not have an exposed gap between the forehead and the shield’s headpiece.
- **Medical authority.** The term “medical authority” means a medical doctor, clinical psychologist, physician assistant, or nurse practitioner who has seen or treated the student.

If you believe that your child is exempt from wearing a face covering, you must sign this form and have a medical authority sign and complete this form. An exception will be made if the District 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.

If your child is not 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 will be made if the District already has reliable medical information confirming that your child has a developmental, behavioral, or medical condition that causes your child to be unable to tolerate a face covering.

This form must be given to your building principal. The School District will make the final determination of whether the student qualifies for an exemption or for the use of a face shield instead of a face covering.

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 condition):

■ 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:

■ The student is unable to tolerate a face covering and should be permitted to use a face shield at school because of the following developmental, behavioral, or medical condition:

■ The student is unable to tolerate a face shield at school because of the following medical condition:

Signature of Medical Authority _____

Date: _____

The Minnesota Chapter of the American Academy of Pediatrics (MNAAP) recommends considering whether the child is capable of physically removing their face covering in the event of an emergency. Examples include children with severe cognitive issues, significant sensory challenges, significant respiratory impairments (e.g. tracheostomy or on oxygen), or an orthopedic or neurological issue (e.g. cerebral palsy) that prevents the child from removing the face covering in an emergency.