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Student Face Mask/Covering Exemption Request Form

Pursuant to an Order issued by the Pennsylvania Department of Health, commencing September 7, 2021, each teacher, child, student, staff and/or visitor working, attending or visiting any building within the Keystone Central School District, shall wear a face covering while indoors, regardless of vaccination status.

Section 3 of the Pennsylvania Department of Health Order provides certain exemptions to this face covering requirement. These exemptions are as follows:

The following are exceptions to the face covering requirements in Section 2. All alternatives to a face covering, including the use of a face shield, should be exhausted before an individual is excepted from this Order.

- A. If wearing a face covering while working would create an unsafe condition in which to operate equipment or execute a task as determined by local, state, or federal regulators or workplace safety guidelines.
- 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.
- C. When necessary to confirm the individual's identity.
- D. When working alone and isolated from interaction with other people with little or no expectation of in-person interaction.
- E. If an individual is communicating or seeking to communicate with someone who is hearing-impaired or has another disability, where the ability to see the mouth is essential for communication.
- F. When the individual is under two (2) years of age.
- G. When an individual is: (1) Engaged in an activity that cannot be performed while wearing a mask, such as eating and drinking, or playing an instrument that would be obstructed by the face covering; or (2) Participating in high intensity aerobic or anaerobic activities, including during a physical education class in a well-ventilated location and able to maintain a physical distance of six feet from all other individuals.
- H. When a child/student is participating in a sports practice activity or event, whether indoors or outdoors.

Any parent/guardian of a student of the Keystone Central School District must complete and submit this Exemption Form to the Keystone Central School District prior to receiving any exemption from the Pennsylvania Department of Health Face Covering Order. Please note that this form must be provided in hard copy, with an original signature, to the Keystone Central School District. Email or electronic forms will not be accepted unless otherwise specifically approved by the appropriate Keystone Central School District Building Administrator and/or the Keystone Central School District Superintendent.

Please note that Section 2 of the Pennsylvania Department of Health Order requires that the Keystone Central School District shall exhaust all available alternatives to a face covering, including the use of a face shield, before any individual is exempted from the face covering Order.

Print Name of Student: _____

School: _____ **Grade:** _____

Please initial the following to confirm that you have read, acknowledge and agree with the following:

____ I understand that the Keystone Central School District must evaluate all available evidence to determine whether the student qualifies for the exemption noted above. If the exemption claimed is 3B, pertaining to medical and/or mental health conditions or disabilities, I confirm that I have obtained an exemption from a qualified medical and/or mental health professional and will provide documentation as to said exemption to the Keystone Central School District immediately upon request. If any other exemption is claimed, I hereby agree to provide the Keystone Central School District any and all documentation requested in order to confirm the exemption.

____ I confirm and understand that by not wearing a face covering that the subject individual may be exposed to an increased risk of contracting Covid 19.

____ I confirm and understand that by initialing and signing this document, that all of the information provided herein is subject to the penalties of making unsworn falsification to public officials pursuant to Title 18, Section 4904, of the Pennsylvania Crimes Code.

____ I understand that this document will be added to my child's school health records.

____ I attest that 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 for the above named student.

Signature of Parent/Guardian

Date

FOR SCHOOL DISTRICT USE ONLY:

Date Received

Principal Signature

Date of Powerschool Entry

9/6/21