



NORTHERN LEBANON SCHOOL DISTRICT

Fredericksburg, PA 17026 • Ph. (717) 865-2117 • Fax (717) 865-0606

Student Face Mask – Exemption Request Parent Form

If your child has a medical or mental health condition or disability that precludes the wearing of a face mask while on the bus and/or at school, and you are requesting an exemption from this requirement, you must submit this form to the building principal for review and approval. This form will remain in effect for the 2021-2022 school year.

To be completed by the child's parent/guardian.

Full Name of Student: _____ **Student ID #** _____

School Building: _____ **Grade:** _____

I, parent/guardian of the above student, am requesting an exemption for my child from the PA Department of Health Safety Order requiring universal face coverings at school. The reason for this request is described below:

I understand that:

1. **I am not obligated to provide medical information** concerning my child to support my request for a mask-wearing exemption. The absence of such information, however, could impair approval or possibly delay the ability of Northern Lebanon S.D. to evaluate my exemption request.
2. By not wearing a face mask my child may be at increased risk of contracting or spreading COVID-19.
3. The request may trigger a child-find obligation and would require the District to complete a team evaluation under Section 504. If this is determined, I will be provided with information about the process and a copy of my Parental Rights.
4. If my child has an IEP or 504 Plan, this request may require the IEP team or Section 504 Team to reconvene to make appropriate revisions.
5. The Northern Lebanon S.D. must evaluate all available evidence to determine whether my child has a medical condition or disability that would entitle my child to the protections of Section 504 of the Rehabilitation Act of 1973.

Parent Name (Printed)

Parent Signature

Date

Please check if applicable. To assist in the evaluation of my child for a mask exemption:

_____ I have attached a medical certification from a licensed physician (M.D. or D.O.) that includes a clear diagnosis of the need for an exemption from the universal face covering order.

_____ I authorize the Northern Lebanon S.D. and _____ (certifying physician) to provide student records and medical information to each other related to the medical diagnosis and the request for an exemption from the universal face covering order.