



JSERRA CATHOLIC HIGH SCHOOL

FAITH. INTELLECT. CHARACTER.

Mask Exemption Form

This form must be completed in its entirety by the parent/guardian and a licensed healthcare provider and may not be edited. (Edited forms will not be considered.)

Instructions:

- Parent/Guardian completes Part 1.
- Student's healthcare provider completes Part 2.
- Return a hard copy of the completed form to the JSerra receptionist or scan and submit the form electronically to the JSerra Nurse's Office – nurse@jserra.org.
- Parent/Guardian will be notified via e-mail within 48 hours that exemption has been received and is on file.

Part 1: To be completed by parent/guardian

Student Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____

Phone #: _____ Email: _____

I affirm that my child has been diagnosed with the medical condition, mental health condition, and/or disability described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with the JSerra Nurse's Office. I understand that not wearing a mask may subject my child to a greater risk of contracting COVID-19.

Signature of Parent/Guardian: _____ Date: _____

Part 2: To be completed by a licensed healthcare provider

Healthcare Provider Name: _____ License #: _____

Type of Provider: _____ Phone #: _____

Address: _____

As the student's healthcare provider, I certify that this student has a medical or mental health condition, and/or disability and that a face covering may cause harm or obstruct breathing which makes it inadvisable or impracticable for the student to wear one. Examples include, but are not limited to respiratory impairments, hearing impairments requiring the use of facial/mouth movements, physical impairments that make it difficult to easily wear or remove a face covering, sensory impairments, etc.

Signature of Healthcare Provider: _____ Date: _____