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Canfield Local Schools Board of Education

"As a community, we educate, motivate, and innovate for individual lifelong success."

100 Wadsworth Street . Canfield, Ohio 44406
Phone (330) 533-3303 . Fax (330) 533-6827
Web Site: <http://www.canfieldschools.net>

Canfield Local School District Student Mask Medical Exemption

I, _____ (Medical Doctor Name) hereby certify that
_____ (Student Name) is under my care and is is
exempt from wearing a mask to school due to the following exception(s) to the Ohio K-
12 mask mandate:

- _____ he/she cannot remove a face covering without assistance
- _____ he/she has significant behavioral/psychological issue undergoing treatment that is exacerbated specifically by the use of a facial covering
- _____ he/she is living with severe autism or with extreme developmental delay who may become agitated or anxious wearing a mask
- _____ he/she has a facial deformity that causes airway obstruction

Signature of Medical Doctor: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number _____

Student Name: _____ /Grade: _____

Student Attends: C.H. Campbell Hilltop CVMS CHS

Signature of District Representative: _____ Date: _____