

Montgomery Area School District



Student Mask Exemption Request Form

In compliance with the Order of the Acting Secretary of the Pennsylvania Department of Health Order dated August 31, 2021, Montgomery Area School District (“MASD”) will require students to wear face coverings while attending school in-person. All alternatives to a face covering, including the use of a face shield, should be exhausted before an individual is exempted from this order. MASD recognizes that some students may have disabilities or medical conditions that prevent the student from safely or effectively wearing a face mask.

To receive an exemption from applicable face covering requirements, this form must be completed in its entirety and returned to the school nurse for final approval.

**Part 1: For completion by Parent/Guardian:**

Student Name:	School/Grade:	DOB:	
Student Currently has (check):			
<input type="checkbox"/> Individualized Education Program (IEP)	<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Health Care Plan	<input type="checkbox"/> N/A
Parent/Guardian Name (print):	Phone:		

I request that my child, \_\_\_\_\_, be exempt from face covering requirements while at school based on the qualifying medical condition(s) reported by the licensed medical professional below. I understand the following:

- By not wearing a face covering, my student is potentially at a higher risk of COVID19 exposure.
- The school may consider alternative, appropriate learning options for my child if needed for safety reasons.
- I am expected to comply with all other COVID19 mitigation strategies including keeping my student home when there is any sign of illness.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

{GO TO PAGE 2 FOR THE CERTIFICATION OF THE LICENSED MEDICAL PROFESSIONAL}

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**Part 2: For completion by a Licensed Medical Professional (MD or DO):**

Would wearing a face covering either cause or exacerbate any of the following for the student: an existing medical condition, a mental health condition or a disability? If yes, please explain the diagnosis and reason(s) below.

Does the student have a physical impairment or disability that would prevent the student from effectively wearing a face covering? If yes, please explain the physical impairment or disability and reason(s) below.

Please describe any modifications to MASD's plan for use of masks/face coverings, including shields, that you believe should be considered?

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Please indicate below whether this exemption should be temporary or permanent:

- Temporary, expiring on \_\_\_/\_\_\_/\_\_\_\_\_ or when \_\_\_\_\_.
- Permanent for the academic school year of 2021-2022.

I certify the above information to be true and accurate, and request that \_\_\_\_\_  
be exempt from the use of face coverings except as I have stated in number 3, if applicable.

Address of Medical Provider		
Medical professional Name (print):	Medical License #:	Phone:

Signature of MD or DO: \_\_\_\_\_ Date: \_\_\_\_\_