

Face Covering Exception Form for 2021-2022 Academic Year

The undersigned, intending to be legally bound, hereby executes this Form on behalf of my child, a student at _____ and acknowledges and agrees with the following:

1. An August 31, 2021 Order (“the Order”) of the Pennsylvania Secretary of Health provides as follows regarding Face Covering Requirements for School Entities:

“Section 3: Exceptions to Covering Requirement. 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 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 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...”

2. Based upon the Order, I hereby certify that my child cannot wear a face covering due to an Exception to the Face Covering Requirement, which may include a medical condition, a mental health condition or a disability.

I have carefully read the foregoing Form and voluntarily sign on behalf of my child.

Dated: _____

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Print Name of Student: _____