

**South Summit School District
Mask Exemption Request and Documentation**

Printed Parent/Guardian Name: _____

In connection with the Covid-19 pandemic and compliance with Summit County Public Health Order 2022-01, all individuals in Summit County are required to wear face masks indoors (Summit County press release 01/06/22) unless one of the exemptions set forth in the Order is met. Those exemptions include the following: if the individual has a medical condition, a mental health condition, or an intellectual or developmental disability that prevents the individual from wearing a face mask or face shield. In order to receive an exemption from the applicable face covering requirement, at least one of the two sections must be completely filled out and returned to the school your child attends **prior to the first day of physical attendance without an approved face covering.**

On behalf of my student, I hereby request that my student be exempted from the face mask requirement of Order 2021-01 because my student has the following: A medical condition (or conditions), a mental health condition (or conditions), or an intellectual or developmental disability (or disabilities) that prevents my student from being able to wear a face mask or face shield.

Student Name	Student Date of Birth	Grade
Home Address	School	
Student Currently Has <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Health Care Plan <input type="checkbox"/> N/A		
State the reason(s) it is not feasible for your student to wear a face mask or face shield _____ _____ _____ _____ _____		

Section 1: Exemption based on medical condition (check box)

<input type="checkbox"/> This student has been diagnosed with a medical/respiratory condition that limits and/or prevents The student from effectively wearing a face mask or face shield, and/or the impact of wearing a face mask or face shield would outweigh the increased risk of contracting Covid-19.	
Name of Physician (Print)	Medical License #
Signature of Physician	Date

Section2: Exemption based on a mental health condition, an intellectual or developmental disability (check all three boxes)

<input type="checkbox"/> My student has a mental health condition, intellectual disability, or developmental disability that limits and/or prevents the student from effectively wearing a face mask or face shield, and/or the impact of wearing a face mask or face shield would outweigh the increased risk of contracting Covid-19.	
<input type="checkbox"/> I confirm that I understand that a student may be exempted from the mask requirement only if the student has a medical condition, mental health condition, or intellectual or developmental disability that prevents the student from wearing a face mask and I confirm that my student has the condition or conditions listed above and that this condition or these conditions prevent my student from wearing a face mask.	
<input type="checkbox"/> I understand and agree to keep my student at home if they are displaying any of the Covid-19 symptoms (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea).	
Parent/Guardian Signature	
Date	
Parent Phone Number	Parent Email

Based on the condition or conditions identified above, and on the confirmation that this condition or these conditions prevent the student from wearing a face mask, the student listed at the top of this form is exempted from the mask requirement as provided for in Order 2022-01 paragraph 5.2.2 and/or 5.2.3.

Principal Signature	School	Date
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