

Mask Exemption Form  
2020-21 School Year  
Wabaunsee Public Schools

Student Name: \_\_\_\_\_  
Student Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_

I meet the exemption requirements for wearing a mask to school based on one of the following:

- Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering--this includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance;
- Persons who are deaf or hard of hearing, or communicating with a person who is deaf or hard of hearing, where the ability to see the mouth is essential for communication;
- Persons for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines;
- Persons engaged in any lawful activity during which wearing a mask or other face covering is prohibited by law.

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

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

Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_