

Student Mask Exemption Form

To receive an exemption from wearing a mask or attending school in-person, this form must be **COMPLETELY** filled out and returned to school **PRIOR TO THE FIRST DAY OF ATTENDANCE WITHOUT A MASK.**

Student's Full Name	Student ID Number	Student Date of Birth
Home Address	School	Grade
Student Currently Has <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Other specific school health orders <input type="checkbox"/> N/A		

Parent Consent for Two Way Communication	
I affirm that my student has been diagnosed with the medical condition(s) below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with School District officials.	
Parent/Guardian Name (print)	Date
Parent/Guardian Signature	

Parent Consent to Mask Exemption	
Well-fitting, appropriate face coverings over the nose and mouth are one of the best measures for preventing the transmission of COVID-19 (please initial)	
<input type="checkbox"/> I understand that by not wearing a face mask, my child is at higher risk for exposure to and transmission of COVID-19. <input type="checkbox"/> I understand that, per California Department of Public Health (CDPH) guidance, persons exempted from wearing a face covering due to a medical condition must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits.	
Parent/Guardian Name (print)	Date
Parent/Guardian Signature	

Medical Certification	
As the student's health care provider, I certify this student qualifies for a mask exemption according to the California Department of Public Health and CDC guidelines. The student:	
<input type="checkbox"/> Is younger than 2 years of age <input type="checkbox"/> Has a diagnosable medical and/or mental health condition, or disability that prevents wearing a mask: (specify diagnosis): _____ <input type="checkbox"/> Has a medical condition by which wearing a mask could obstruct breathing; are unconscious, incapacitated, or otherwise unable to remove a mask without assistance <input type="checkbox"/> Is hearing impaired, or communicates with a person who is hearing impaired, where the ability to see the mouth is essential for communication <input type="checkbox"/> Does NOT meet criteria for a mask exemption.	
*This section must be completed for all students receiving an exemption.	
I certify this student <input type="checkbox"/> IS <input type="checkbox"/> IS NOT capable of wearing a face shield with drape per CDPH guidelines.	
<input type="checkbox"/> This medical exemption is valid through the 2021-2022 academic year or until state or local laws or regulations, or public health orders or recommendations change. <input type="checkbox"/> This medical exemption is temporary through: _____ or until state or local laws or regulations, or public health orders or recommendations change.	
Date	Address/Telephone
Name of Provider (Print)	
Provider Signature	Medical License