

**SOUTHMORELAND SCHOOL DISTRICT  
REQUEST FOR STUDENT FACE COVERING EXEMPTION**

Dear Parents/Guardians:

All students must wear face coverings while indoors in the school setting, pursuant to the current Pennsylvania Secretary of Health's Order. If your child requires an exemption under Section 3 of the Order, you may complete this form and return it to your child's school. Section 3.B. provides an exemption "***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 a disability.***" To receive an exemption, the District requires certification that a child is exempt from wearing a face covering in accordance with the Order.

<b><i>Student Information (Print)</i></b>	<b><i>Parent/Guardian Information (Print)</i></b>
Name:	Name:
Grade:	Phone:
School:	Email:

Please complete the following questions with your child's healthcare provider (circle or fill in response).

1. My child has a medical condition, mental health condition, or a disability. YES NO
2. List medical condition, mental health condition, or disability: \_\_\_\_\_  
***Please attach any additional information about the condition/disability from your child's healthcare provider.***
3. My child's above condition or disability would be exacerbated by wearing a face covering. YES NO
4. Wearing a face covering will cause the above condition or disability for my child. YES NO
5. My child cannot safely wear a face shield as an alternative to a mask. YES NO
6. My child has been seen or is in treatment with the following healthcare provider for the above medical condition, mental health condition or disability:  
Provider's Name: \_\_\_\_\_  
Provider's Title/Certification/Licensure: \_\_\_\_\_  
Provider Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_

Your request will be reviewed and processed as quickly as possible. Expect a communication from your child's school with approval or disapproval of your request for exemption. Should you have any further questions, please contact your child's school directly.

**PLEASE SIGN BELOW TO COMPLETE THIS FORM**

I have carefully read the foregoing Form and voluntarily signed same, intending to be legally bound, either on my behalf or on behalf of my child or ward. I certify that the information contained herein is true and correct to the best of my knowledge and belief. I understand that any false statements made herein are subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Signature of Parent/Guardian	
Signature of Student (if 18 or older)	