Williamsburg Community School District

Student Face Masks/Coverings - Exemption Request

If you request your child to be exempt from wearing a mask or protective face covering indoors during the school day, please complete this form and return to your child’s assigned building.

**In accordance with the Order, the following exceptions may apply with a medical note**:

Section 3: Exceptions to Covering Requirement. The following are exceptions to the face covering requirements in Section 3. All alternatives to a face covering, including the use of a face shield, should be exhausted before an individual is exempt 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 a 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 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.

G. When an individual is: (1) Engaged in an activity that cannot be performed while wearing a mask, such as eating and drinking, or playing an instrument that would be obstructed by the face covering; or (2) Participating in high intensity aerobic or anerobic activities, including during a physical education class in a well-ventilated location and able to maintain a physical distance of six feet from all other individuals.

H. When a child/student is participating in a sports practice activity or event, whether indoors or outdoors.

Print Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_

My child has the following medical condition or disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the following to confirm you have read and agree with the following statements:

\_\_\_\_\_ I confirm all alternatives to a face covering, including the use of a face shield, have been exhausted.

\_\_\_\_\_\_ I understand that the district must evaluate all available evidence to determine whether my child has a medical condition or disability that would entitle my child to the protections of Section 504 of the Rehabilitation Act of 1973. In accordance with the District’s established process for determining student eligibility under those laws, I will provide the district with medical documentation as required.

\_\_\_\_\_\_ I confirm and I understand that there may be an increased risk of exposure to and/or contact COVID-19.

\_\_\_\_\_\_ I understand that there are no exceptions to quarantine guidance for unmasked, unvaccinated individuals.

I am providing the foregoing information subject to penalty for making unsworn falsification to public officials, 18 Pa. Cons. Stat. § 4904.

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

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

Medical documentation must be received within 10 school days of the date on this form in order to have a face covering exemption.