

St. Brigid of Kildare Face Mask Exemption Request Form

★ **Current CDC & ODH recommendations are that all individuals entering a school are to wear face masks that cover mouth/nose. Federal regulations require masks to be worn on school transportation.**

Student Name	Grade
Building/Teacher	
Parent/ Guardian Name	Ph#
Parent/ Guardian email	

It is the goal of St. Brigid School to keep children and staff as healthy as possible and prevent the spread of Covid-19 at school. Many layers of protection are being implemented, including facial covering requirements as recommended by local health authorities.

The basis for my request for a face mask exemption is: (check applicable)

- Diagnosed medical, mental health condition, or documentation of disability that contraindicates wearing a mask. Diagnosis: _____

Medical Providers - Please check the exemption that best fits the student's need(s):

- Student can wear a facial covering off of the nose and mouth for part of the day.
Explanation: _____
- Student can remove the facial covering of the nose and mouth under the following circumstances.
Explanation: _____
- Student is unable to wear a facial covering at all.
- Other _____

Physician Signature _____ Date _____

I request that the above named student be exempted from wearing a facial covering for all or part of the school day as indicated above and supported by a medical provider. I understand that choosing not to wear a facial covering places all at an increased risk for contracting Covid-19. I understand that a facial shield does not protect from a Covid-19 exposure. I understand that if an exposure to Covid-19 occurs, individuals will be excluded from school for the recommended quarantine period, as determined by the local health department. I further understand that some cases of Covid-19 go undetected and pose an increased risk to people who are immunocompromised, or otherwise in a high risk category for complications to Covid-19.

Parent Signature _____ Date _____

Principal Signature _____ Date _____

Administrator Decision is Final

_____ Approved _____ Request Denied _____ Administrator signature