

## FACE COVERING EXEMPTION FORM

The undersigned, intending to be legally bound, hereby executes this Form on behalf of my child or ward, or if the student is 18 or older, on behalf of myself, a student at \_\_\_\_\_ and acknowledges, represents, warrants, certifies, covenants, and agrees with the following:

1. An August 31, 2021, Order (the "Order") of the Pennsylvania Secretary of Health, and related guidance provided by the PA Department of Health, provides as follows regarding the Face Covering Requirement intended to mitigate the spread of the COVID-19 Virus:

### "Section 3: Exceptions to Covering Requirement

The following are relevant exceptions to the face covering requirements in Section 2.

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.

E. If an individual is hearing-impaired or has another disability, where the ability to see his/her mouth is essential for communication.

2. The Order also provides that all alternatives to wearing a face covering, including the use of a face shield, should be exhausted before an individual is excepted from this Order.
3. Avella Area School District is legally permitted to require certification from a student's health care practitioner that he/she should be excepted from the Order.

As the Parent/Guardian of the below-referenced Student, or on behalf of myself, the below-referenced Student, I hereby certify that I/my child/ward, cannot wear a mask because \_\_\_\_\_ . I also hereby certify that I/my child/ward cannot wear a face shield because \_\_\_\_\_ .

4. Attached to this Form is the required Certification from my Student's/my Health Care Practitioner.

5. I also hereby authorize the Avella Area School District to communicate with my Student's/my Health Care Practitioner if clarification of his/her Certification is needed.

Print Name of Parent/Guardian/ Student (if Student is 18 or older): \_\_\_\_\_

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.

Dated: \_\_\_\_\_

Print Name of Parent: \_\_\_\_\_

Print Name of Student: \_\_\_\_\_