



Annville-Cleona School District
Universal Face Covering Order Exemption Request / Consent to Disclose Records

Name of Student: _____ Grade: _____ Date of Birth: _____

I, parent/guardian of the above student, am requesting an exemption for my student from the PA Department of Health Order requiring universal face coverings at school. I have attached a medical certification from a licensed physician (M.D. or D.O.) that includes a clear diagnosis of the need for an exemption from the universal face covering Order.

Here is the information that will be needed on the medical certification from a licensed physician to assist us with determining any accommodations that may be needed:

- 1. What is the patient's medical diagnosis, and how does it impact his/her life activities?*
- 2. Is it safe for the patient to wear a mask for any length of time?*
- 3. If yes to question 2, how long is the patient able to safely wear a mask?*
- 4. If no to question 2, could the patient safely wear an alternative face covering, such as a plastic face shield, or other covering which would not be a risk to his/her health?*

Once received, the district will convene a team meeting to review accommodations that may be available to the student prior to accepting the exemption.

Additionally, I, parent/guardian of the above student, authorize the Annville-Cleona School District and _____ (M.D./D.O.) to provide student records and medical information to each other related to the medical diagnosis and the request for an exemption from the Universal Face Covering Order.

I understand that I have the right to inspect and receive a copy of the said records via a conference. I also understand I have the right to revoke consent at any time. The permission is valid for the one calendar year from the date signed.

Printed Name of Prescribing Physician:	
Phone:	
Address:	

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____