

## **Lakeview School District**

Office of the Superintendent

## Student Face Masks/Coverings - Exemption Request

If you request that your child be exempt from wearing a mask indoors during the school day, please complete the following form. Please note that the district may require additional documentation from a medical professional before approving the request.

Student's Name: Student's School: Student's Grade::		
Department of Healtl Order "If wearing a fa respiratory issues tha	n Directing Face C ace covering woul t impede breathi	irements" of the "Order of the Acting Secretary of the Pennsylvania verings in School Entities" states that an individual is exempted from this either cause a medical condition or exacerbate an existing one, including g, a mental health condition or disability." All other alternatives to a face eld should be exhausted before an individual is exempted from the Order.
Please check the follo	wing to confirm	ou have read and agree with the following statements.
including respectors covering wou that impede I confirm that shield.  I confirm that covid-19.	piratory issues that Id either cause a preathing, a ment my child has exh my child and I ui	vering would either cause a medical condition or exacerbate an existing one, impede breathing, a mental health condition or disability. If wearing a face nedical condition or exacerbate an existing one, including respiratory issues I health condition or disability.  usted all other alternatives to a face covering, including the use of a face derstand there may be an increased risk of exposure to and/or contacting by require additional documentation to confirm my child's exemption.
Parent/Guardian N Parent/Guard	ame (Printed): dian Signature: Date:	

Completed forms should be turned into the main office of your child's school prior to their entry into the school.