



FAIRFIELD AREA SCHOOL DISTRICT

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Fairfield Area School District

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: _____

"Section 3: Exceptions to Covering Requirements" of the "Order of the Acting Secretary of the Pennsylvania Department of Health Directing Face Coverings in School Entities" states that an individual is exempted from this Order "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 disability. All other alternatives to a face covering, including the use of a face shield should be exhausted before an individual is exempted from the Order.

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

- I confirm that 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 disability. **The following medical documentation is attached to support this statement.**
- I confirm that my child has exhausted all other alternatives to a face covering, including the use of a face shield.
- I confirm that my child and I understand there may be an increased risk of exposure to COVID-19.
- I confirm that my child will need to quarantine outside of school for up to 10 days if he or she is deemed a close contact and is not wearing a face covering.
- I understand that the district may ask for additional documentation to confirm my child's exemption.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Completed forms should be turned into the nurse of your child's school.