



FACE COVERING EXEMPTION/FACE SHIELD AUTHORIZATION

A student in grades K-12 may be exempted from the requirement to wear a “face covering” at school if a “medical authority” certifies that the student has a medical or mental health condition that makes it unreasonable for the student to wear a face covering. A student who is exempted from wearing a face covering will be required to wear a face shield. **NOTE:** Students with a 504 or IEP should work with their teams on possible exemptions.

- “Face covering” means a paper or disposable mask, cloth face mask, medical-grade mask, medical grade respirator, scarf, bandanna, neck gaiter or religious face covering that covers the nose and mouth completely in accordance with CDC and Minnesota Department of Health guidance.
- “Face shield” means a clear plastic barrier that covers the face, extends below the chin and wraps around the sides of the face to the ears. A face shield may not have an exposed gap between the forehead and the shield’s headpiece.
- “Medical authority” means a medical doctor, clinical psychologist, physician assistant or nurse practitioner who has seen or treated the student.

If you believe that your child should be exempted from wearing a “face covering,” you must sign this form and have a medical authority sign and complete this form. **This form must be returned to your building principal.** The School District will verify and make the final determination of whether the student qualifies for an exemption and for the use of a face shield instead of a face covering.

TO BE COMPLETED BY PARENT/GUARDIAN

Student Full Name: _____ Date of Birth (Month/Day/Year): _____
Grade: _____

Address (Street/City/State) _____ School of Attendance: _____

I certify that the information on this form is true and accurate to the best of my knowledge.

Parent Signature: _____ Date: _____

Parent Printed Name: _____

TO BE COMPLETED BY MEDICAL AUTHORITY

Medical Authority Full Name: _____ Name of Clinic: _____

Clinic Address: _____ Clinic Phone: _____

Based on personal knowledge from examining, treating or reviewing the medical records of the student who is identified above, I certify that the following is true and accurate (check those that apply and identify condition):

The student has the following medical or mental health condition that makes it unreasonable for the student to wear a face covering at school. The student should be allowed to wear a face shield instead.

Medical Authority Signature: _____ Date: _____