



Quakertown Community School District

District Services Center
100 Commerce Drive
Quakertown, Pennsylvania 18951
OFFICE: (215) 529-2000
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REQUEST FOR FACE COVERING EXEMPTION AND CERTIFICATION 2021-2022 SCHOOL YEAR

Name of Student: _____ Student ID: _____

Name of School: _____ Grade: _____

PARENT/GUARDIAN AUTHORIZATION: I represent that I am the parent/guardian of the above-named student.

Parents and Guardians are advised that the COVID-19 virus is a new disease and pandemic information is learned on an almost daily basis. COVID-19 can be life-threatening and based on the information available, it is transmitted by close person-to-person contact or by exposure to surfaces where COVID-19 viruses may be present.

Many underlying medical conditions can be adversely affected by COVID-19. I understand that by not having my child wear a mask, my child may be at an increased risk of contracting COVID-19 if my child is exposed to COVID-19 in the school setting and, further, that they may be required to quarantine outside of school.

If I indicate that my child has a medical condition, mental health condition, or disability, I will receive follow up from my child's school building regarding my permission for an evaluation, if warranted.

I hereby certify that the above student qualifies for an exception to the Order of the Acting Secretary of the Pennsylvania Department of Health Directing Face Coverings in School Entities ("Masking Order") and I state that:

1. I understand the Masking Order states that:
 - a. under Section 2 of the Masking Order, each teacher, child/student, staff, or visitor working, attending, or visiting the school district must wear a face covering indoors, regardless of vaccination status, except if he or she fits within an exception enumerated in the Order;
 - b. under Section 3 of the Masking Order, in order to qualify for an exception to the requirement to wear a face covering indoors, all alternatives to a face covering, including the use of a face shield, should be exhausted;
 - c. in accordance with Section 3 of the Masking Order, there exist certain situations in which individuals may seek an exception from the requirement to wear masks, including the following:
 - i. If wearing a face covering while working would create an unsafe condition in which to operate equipment or execute a task as determined by local, state, or federal regulators or workplace safety guidelines.

- ii. 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; and
 - d. under Section 4 of the Order, school entities must provide reasonable accommodations for individuals who state they have a medical condition, mental health condition, or disability that makes it unreasonable for the person to maintain a face covering.
2. I hereby seek an exception for the above-named student because wearing a face covering, or an alternative to a face covering, would cause or exacerbate a: (select all that apply with a ✓)
- a. medical condition, including respiratory issues that impede breathing;
 - b. mental health condition;
 - c. disability;
 - d. medical condition or disability documented in a Section 504 plan or an IEP which makes masking unreasonable;
3. The above-named individual is entitled to a reasonable accommodation to the Masking Order of the Acting Secretary of the Pennsylvania Department of Health because it is unreasonable for the individual to maintain a face covering due to a medical condition, mental health condition, disability or other reason identified in paragraph 2 or the individual falls within one of the exceptions in Section 3.
4. I acknowledge that any exception granted pursuant to this Request is provisional, pending the follow up by the District noted previously in this Request.
5. I am at least 18 years of age and of sound mind, and I hereby confirm that all statements made (either on my behalf or on behalf of a minor over whom I am a custodial parent/guardian) in this certification are true and correct to the best of my knowledge and belief.
6. As a result of my request for an exemption, I hereby waive, release, and forever discharge the Quakertown Community School District, its Board of Directors, employees, agents, administrators, and attorneys, for myself and the student named above, from all claims, demands, damages, actions, causes of actions, suits at law or in equity of whatever kind or nature, whether civil, criminal, or mixed, as a result of the potential increased risk from not wearing a mask.

As set forth herein, I certify that the above-named individual meets the criteria set forth in the Masking Order for an exception to the face covering requirement because of a medical condition, mental health condition, or disability, or other reason identified in the Masking Order. I further certify that should the circumstances change, and the individual no longer requires an exception, I will immediately inform the District.

Parent/Guardian Signature

Date: _____

Parent/Guardian Name (please print)