

Tulpehocken Area 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.

My child has the following **medical condition** or **disability** (circle one). Describe condition or disability that falls under the Section 3 Exceptions:

Can you wear an alternative face covering such as a face shield? YES NO

I understand that the School District must evaluate all available evidence to determine whether my child has a medical condition or disability that would entitle my child to the protections of Section 504 of the Rehabilitation Act of 1973 and/or the Individuals with Disabilities in Education Act (IDEA). In certain circumstances, a Prior Written Notice for an Initial Evaluation for your child may be requested.

To assist the Tulpehocken Area School District in the further evaluation of my child's mask exemption, information from a licensed physician will assist us with determining accommodations that may be needed. I further understand that I am not obligated to provide medical information concerning my exemption to support my request for a mask-wearing exemption. The absence of such information, however, could impair and possibly delay the ability of the School District to evaluate my exemption and provide additional services.

Additionally, I, parent/guardian of the above student, authorize the Tulpehocken YES NO
Area 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:	

I am providing the foregoing information subject to the penalty for making unsworn falsification to public officials, 18 Pa. Cons. Stat. § 4904

Parent/Guardian Name: _____

Signature of Parent/Guardian (Or student, if over 18): _____ Date: _____

Section 3: Exceptions to Covering Requirement

The following are exceptions to the face covering requirements in Section 2. All alternatives to a face covering, including the use of a face shield, should be exhausted before an individual is excepted from this Order.

1. 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.
2. 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.
3. When necessary to confirm the individual's identity.
4. When working alone and isolated from interaction with other people with little or no expectation of in-person interaction.
5. If an individual is communicating or seeking to communicate with someone who is hearing-impaired or has another disability, where the ability to see the mouth is essential for communication.
6. When the individual is under two (2) years of age.
7. When an individual is:
 - (1) Engaged in an activity that cannot be performed while wearing a mask, such as eating and drinking, or playing an instrument that would be obstructed by the face covering; or
 - (2) Participating in high intensity aerobic or anerobic activities, including during a physical education class in a well-ventilated location and able to maintain a physical distance of six feet from all other individuals.
8. When a child/student is participating in a sports practice activity or event, whether indoors or outdoors.