

## Kane School District COVID-19 STUDENT FACE COVERING REQUEST FOR EXEMPTION DUE TO DISABILITY

In connection with the COVID-19 pandemic, Kane School District will require students to wear face coverings while in attendance in-person at school to the extent required by applicable federal, state, or local laws, regulations, ordinances, emergency orders, or state/local school board action.

The District recognizes that some students may have disabilities that make it medically inadvisable or otherwise inappropriate to wear a face mask or other face covering and will reasonably accommodate students with disabilities.

In order to receive an exemption from applicable face covering requirements, this form must be completely filled out and returned to the school your child attends **PRIOR TO THE FIRST DAY OF PHYSICAL ATTENDANCE**.

Student's Full Name:	Student's Date of Birth:	Grade:
Student's Home Address:	School Name:	
I affirm that my student has been diagnosed with the medical condition described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with Kane School District officials.		
Parent/Guardian Name:	Parent Telephone:	
Signature of Parent/Guardian:	Date:	

### MEDICAL CERTIFICATION

As the student's health care provider, I certify that this student has a physical or mental impairment that substantially limits a major life activity and which makes it inadvisable or impracticable for the student to wear a face covering.

This student has been diagnosed with the following medical condition:

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State the reason(s) why it is not feasible for the student to wearing a face covering:

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This medical exemption is permanent.

This medical exemption is temporary (duration of temporary exemption \_\_\_\_/\_\_\_\_/\_\_\_\_).

Based on the nature of this student's impairment and the potential difficulty of maintaining physical distancing within the school environment:

A transparent plastic face shield WOULD BE a reasonable alternative to a face covering.

A transparent plastic face shield WOULD NOT BE a reasonable alternative to a face covering.

Name of Physician (Print):	Medical License #:
Signature of Physician:	Date:

### STUDENT FACE COVERING EXEMPTION DETERMINATION

(District Use Only)

Face Covering Exemption: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Administrator Initials & Date:
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