



Kane County School District Mask Exemption Request and Documentation

Name of Parent: _____

Name of Student: _____

School of Attendance: _____

Under State Public Health Order 2021-2, all individuals on school property are required to wear face masks unless one of the exceptions set forth in the Order is met. One of those exceptions is that the individual has a medical condition, mental health condition, or intellectual or developmental disability that prevents the individual from wearing a face mask.

On behalf of my student, I hereby request that my student be exempted from the face mask requirement of Order 2021-2 because my student has the following medical condition (or conditions), mental health condition (or conditions), or intellectual or developmental disability (or disabilities) that prevents my student from being able to wear a face mask:

I confirm that I understand that a student may be exempted from the mask requirement only if the student has a medical condition, mental health condition, or intellectual or developmental disability that prevents the student from wearing a face mask and I confirm that my student has the condition or conditions listed above and that this condition or these conditions prevent my student from wearing a face mask.

Printed name: _____

Signature of parent: _____

Date: _____

Based on the condition or conditions identified above and on the confirmation that this condition or these conditions prevent the student from wearing a face mask, the student listed at the top of this form is exempted from the mask requirement as provided for in Order 2021-2 paragraph 3.b.iii.

Principal, _____ School

Date: _____