



# CARMAN-AINSWORTH Community Schools

## REQUEST FOR MEDICAL MASK EXEMPTION

*All information must be complete and turned into your building office for administrative approval.*

Masks are a critical preventive measure and are most essential in times when social distancing is difficult. If wearing a mask may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns, face shields that wrap around the sides of the wearer's face and extend below the chin may be worn. Please be aware, the CDC does not currently recommend use of face shields as a substitute for masks.

**By requesting a medical mask exemption, you are agreeing to comply with face shield requirements.**

Please print the following information:

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

***Release of information: Please release appropriate medical information to Carman-Ainsworth Community Schools for the above named student. I authorize school personnel, the Genesee County Health Department, and the doctor listed on this form to share pertinent health information.***

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN:

Student has been under my medical care since: \_\_\_\_\_

Diagnosis of student's illness/condition:

\_\_\_\_\_

\_\_\_\_\_

Symptoms causing student to be excluded from mandatory mask use at school and any exceptions:

\_\_\_\_\_

\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY SCHOOL ADMINISTRATOR:

Approved  Not Approved

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval for mask exemption applies only to school classroom environment and does not extend to other school related functions such as athletics.

Building: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_