



COVID-19 Student Face Covering Exemption Request and Medical Certification

In connection with the COVID-19 pandemic, Adelanto Elementary School District requires 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 schools board action.

Adelanto Elementary School District recognizes that some students may have disabilities, medical conditions, or mental health conditions that prevent them from wearing a face covering. This includes students with disabilities or conditions for whom wearing a face covering is intolerable, is unable to be done so properly, could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance. Thus, the student may qualify for an exemption to the face covering requirement.

In order to receive an exemption from applicable face coverings requirements, this form must be completely filled out and emailed to your school principal.

Student Name	Student ID Number	Student Date of Birth
Home Address		School/Grade
Student Currently Has:		
<input type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Section 504 Plan <input type="checkbox"/> Health Care Plan <input type="checkbox"/> N/A		

Parent Consent for Two Way Communication	
I affirm that my child has been diagnosed with the medical condition mental health condition and/or disability described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with Adelanto Elementary School District officials.	
Parent/Guardian Name	Parent Telephone
Signature of Parent/Guardian	Date
Medical Condition:	
Mental Health Condition:	
Disability:	
Medical Certification	
As the student's health care provider, I certify that this student has a medical condition, a mental health condition, or a disability that may cause harm or obstruct breathing making it inadvisable or	

impracticable for the student to wear a face covering. Examples include, but are not necessarily limited to, students with respiratory impairments, hearing impairments requiring the use of facial/mouth movements, physical impairments that make it difficult to easily wear or remove a face covering, sensory impairments, or students who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance, etc.

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

(Select all that are applicable)

- Student is not able to use a mask correctly.
- Student cannot avoid frequent touching of the mask and their face.
- Student cannot limit sucking, drooling, or having excess saliva on the mask.
- Student cannot remove the mask without assistance.
- Student is medically unable to wear a face covering of any kind.
- Student would be able to tolerate wearing a face covering but should be allowed to remove it if demonstrating any symptoms of distress.
- A transparent plastic face shield/face shield with drape WOULD BE a reasonable alternative to a face covering.
- This Medical exemption is permanent.
- This Medical exemption is temporary. (Duration of temporary exemption ___/___/___.

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

**Physician Name/Address Stamp
HERE
(Required)**

For Staff Use Only:

- Copy to Principal (Date: _____)
- Copy to School Nurse (Date: _____)
- Note added to Health Notes in Aeries (Date: _____)
- Copy to Teacher (Date: _____)