

Clinton School District

Face Covering Exemption Application

Student's Name: _____ Grade Level: _____

Medical or psychological reason why exemption is requested: _____

Alternatives you have tried (i.e.: what types of masks, neck gaiters, or face shields): _____

Parent/guardian's printed name

Date

Parent/guardian's signature

***This waiver needs to be accompanied by a doctor or licensed mental health professional note that states the physical or mental impairment that would impede wearing a mask and any other face covering, including a gator or face shield. This note should be dated and signed by the physician or licensed mental health professional.

For School Use Only:

Team met: _____
Date

Those in attendance: _____

_____	_____
_____	_____
_____	_____

Reviewed with parent: _____
Date

Approved: _____ Yes _____ No

Additional Notes: _____

Administrator signature

Date