



Face Covering Exemption

For the 2021-2022 school year, we are asking for your assistance to slow the spread of Covid-19. At this time, we will require all students in grades K-12, whether vaccinated or unvaccinated, to wear face masks on school buses.

For those students that are unable to wear face coverings while at school for medical reasons, we ask that you collaborate with their physician (MD or DO) to complete the form below and return it to your building principal. For those students that are not permitted to wear face coverings for religious reasons, please provide additional information below, sign the form, and return it to your building principal. Please allow up to three (3) business days for review of and response to this request. Students must wear masks to attend school during this time.

Medical Exemption

My patient has a documented disability, medical or developmental condition such that he/she cannot safely wear a face covering for reasons related to the disability or condition. (Documentation from medical provider must be attached, and advise us with your best practice medical options to keep this student safe while at school or any school activity.)

It is not advisable for _____ (student's name) to wear a:

Face Mask _____

Face Shield _____

Physician Signature _____ Date _____

Physician Name _____ Phone Number _____

Practice Address _____

Ohio law prohibits any person from knowingly making a false statement with the purpose of misleading a public official in performing the public official's official function. See Ohio Revised Code Section 2921.13(A)(3).

Religious Exemption

It is not advisable for _____ (student's name) to wear a:

Face Mask _____

Face Shield _____

In the space below, please provide a personal written and signed statement detailing the religious basis for your mask objection, explaining why you are requesting this religious exemption for your child, the religious principle(s) that guide your objections to masks, and the religious basis that prohibits the COVID-19 mask wearing. Please attach additional documentation, if necessary.

Parent/Guardian Signature _____ Date _____

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