

BLUE MOUNTAIN SCHOOL DISTRICT
Student Face Masks/Coverings – Exception Request

SECTION 1

If you request an exception for your Child/Student from wearing a mask indoors during the school day, please complete the following form.

Student’s Name: _____

Student’s School: _____

Student’s Grade: _____

Student’s Homeroom: _____

*Parent/Guardian’s Name: _____

*Parent/Guardian’s Name: _____

***Please note that all parents/legal guardians must sign this form in order to be considered for an exception to the masking requirement to ensure that all parents/legal guardians concur in the request for exception.**

SECTION 2

A. I/We am/are aware that on August 30, 2021 the Acting Secretary of the Pennsylvania Department of Health issued an Order directing face coverings in school entities, which Order takes effect on September 7, 2021 (“the Masking Order”).

B. I/We understand that the Masking Order contains the following provisions:

- i. Section 2 of the Masking Order requires that each teacher, Child/Student, staff, or visitor working, attending, or visiting the school district must wear a face covering indoors, regardless of vaccination status, except if he or she fits within an exception enumerated in the Order;
- ii. Section 3 of the Masking Order identifies certain situations in which individuals may seek an exception from the requirement to wear masks, including the following:
 - a. If wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability; or

- iii. Section 3 of the Masking Order also states that in order to qualify for an exception to the requirement to wear a face covering indoors, all alternatives to a face covering, including the use of a face shield, should be exhausted;
- iv. Section 4 of the Masking Order requires that school entities must provide reasonable accommodations for individuals who state they have a medical condition, mental health condition, or disability that makes it unreasonable for the person to maintain a face covering.
- v. Section 4 of the Masking Order also states that school entities should not enforce the Order if it would violate applicable laws, including state and federal anti-discrimination laws.

SECTION 3

I/We am/are hereby requesting an exception to the Masking Order for the above-named Student. I/We check the following statements in support of the exception request and confirm that they are true and correct:

- _____ I confirm that wearing a face covering would either cause the above-named Student to experience a medical condition or exacerbate (worsen) an existing medical condition, including respiratory issues that impede breathing, a mental health condition or disability.
- _____ I confirm that the above-named Student has exhausted all other alternatives to a face covering, including the use of a face shield.

SECTION 4

A. I/We acknowledge, understand, and confirm that receiving an exception to the Masking Order as requested above may have the following consequences for the above-mentioned Student:

- i. The above-named Student may be at an increased risk of exposure to SARS-CoV-2, its numerous variants, and COVID-19
- ii. The above-named Student may be at an increased risk of contracting SARS-CoV-2, its numerous variants, and COVID-19

B. I/We confirm that by signing and submitting this Form, I/We voluntarily accept the increased risks identified in Section 4(A), above, for the aforementioned Student.

C. The individuals signing this document confirm that they are at least 18 years of age and of sound mind, and further confirm that all statements made herein are true and correct to the best of their knowledge and belief.

Parent/Guardian Printed Name: _____

Parent/Guardian
Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian
Signature: _____

Date: _____

Completed forms should be turned into the main office of your child's school.