





Face Covering Exemption Form

Students in grades K-12 who cannot tolerate a face covering due to a developmental, medical, or behavioral health condition may be exempt from wearing one in school. An exemption form must be signed by a parent/guardian and a medical authority.

Definitions:

- Face Covering: a cloth or paper mask, scarf, bandana, gaiter, or religious face covering that covers the mouth and nose.
- Face Shield: Clear shield that extends below the chin in the front, to the ears on the sides and with no gap between the forehead and the headpiece may be used in certain specific circumstances.
- Medical Authority: A medical doctor, psychiatrist, clinical psychologist, physician assistant, or nurse practitioner (generally a person licensed to write prescriptions in Minnesota).

| Student Information | | | | | | |
|---|--------------------|----------|---|----------|--|--|
| Student Last Name | Student First Name | | Date of Birth | Grade | | |
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| | | | | | | |
| Home Address | City | | State | Zip Code | | |
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| | | | | | | |
| Parent/Guardian Printed Name | | | Parent/Guardian Signature | | | |
| | | | | | | |
| | | | | | | |
| Date: | | | School: | | | |
| Date. | | 30110011 | | | | |
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| Medical Authority | | | | | | |
| Medical Authority Printed Name Me | | Med | dical Authority Signature | | | |
| | | | | | | |
| | | | | | | |
| Office/Clinic Address | | Offic | Office/Clinic Phone | | | |
| | | | | | | |
| Choose one option below (A or B) | | | | | | |
| | | | nedical exemption required (no mask or face shield) | | | |
| Yes (mark no for B) No | | | Yes No | | | |
| List the medical reason an exemption is warrented | | | | | | |
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