



Face Covering Exemption Form

Instructions

1. Read, complete, and sign this page
2. Submit this form to the school Principal

(If you are requesting an exemption for multiple students this form should be completed for each student)

Student Name: _____ **School:** _____

The state mask mandate for students does not apply to:

“an individual with a medical condition, mental health condition, or disability that prevents wearing a face mask, including an individual with a medical condition for whom wearing a face mask could cause harm or dangerously obstruct breathing, or who is unconscious, incapacitated, or otherwise unable to remove a face mask without assistance” Utah Public Health Order 8/14/20

Explain what mental or medical health condition(s) your student has that qualifies them for an exemption from the state mask mandate at schools and on buses. You may have the student’s Physician or Licensed Mental Health Practitioner complete this portion of the form.

PCSD is committed to protecting our faculty, staff, volunteers, students and the community from COVID-19. COVID-19 is a serious respiratory disease that can result in serious health complications and even death. A person who comes in contact with COVID-19 can spread it for 24 to 48 hours before symptoms may appear. Scientific evidence suggests wearing face covering reduces the spread of this disease.

With knowledge of the above, I am requesting an exemption from the face coverings for my student for medical and/or mental health reasons. **Per the Utah State Health Code 2020-10 3(d), I affirm this student has a mental or medical health condition that prohibits them from wearing a face covering.**

Parent/Guardian Signature: _____ **Date:** _____

If the middle section was completed by a physician or mental health practitioner they must affirm the same.

Physician/Mental Health Practitioner Signature: _____ **Date:** _____