



Delaware Valley School District

Student Face Covering – Medical Exception Request

If you are requesting a medical exception from wearing a face-covering during the school day while indoors for your child, please complete this form. Please complete one form for each child.

Name of Student: _____

School: _____ Grade: _____

I am requesting a medical exception from wearing a mask during school hours while indoors for my child due to the following eligible exception via Section 3 of the Order by the Acting Secretary of the Pennsylvania Department of Health directing face covering in school entities:

(check appropriate box)

- If wearing a face covering would cause a medical condition.
- If wearing a face covering would exacerbate an existing condition, including respiratory issues that impede breathing, a mental health condition, or a disability.

In requesting this exception for my child, I recognize that my child may be at an increased risk of exposure to COVID-19 and contact tracing/quarantine. I also give permission for this information to be shared with pertinent school staff. I verify that the facts and indications made by me are true and correct to the best of my knowledge. I understand that false statements herein are made subject to the penalties of relating to unsworn falsification to authorities.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Date _____

This exception only applies to masking within schools. Masks are still required on school buses.

Completed forms should be returned to the classroom teacher (grades preK-5) or first period teacher (grades 6-12). It can also be emailed to your child's school counselor. Their emails can be found on the school websites. *All students will be required to wear a mask on October 1, 2021 and beyond unless a completed form has been submitted to the school.*