

**Harbor Springs Public Schools
Student Face Covering/Mask Exemption Request
Health Department Order Issued August 28, 2021
(Order can be found on District website)**

Note: In accordance with the Order issued by the Health Department of Northwest Michigan, persons who have a current medical reason confirmed in writing from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) currently licensed to practice medicine in the State of Michigan may be exempted from wearing face coverings/masks at school.

To be Completed by Parent/Guardian

I request that my child, _____, be exempted from wearing a face covering while at school because my child cannot medically tolerate wearing a face covering. I understand:

1. that by not wearing a face covering at school, my child may be at increased risk of contracting or spreading COVID-19;
2. that the school may take additional safety precautions, including requiring my child to wear a face shield or other personal protection equipment, to protect others from contracting COVID-19;
3. that the school may consider alternative learning options for my child, including whether distance learning is appropriate; and
4. that my child may be referred for an evaluation to determine if a disability prevents my child from wearing a face covering and whether and to what extent accommodations will be provided.
5. that the school has my expressed consent to contact the health provider below if they have any questions regarding my child's diagnosis or accommodations.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

To be Completed by Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO)

I have examined the student identified above, and it is my professional opinion that:

_____ The student has a physical or mental health condition, but the student can tolerate wearing a face covering at school if accommodations are provided (listed below).

_____ The student has a physical or mental health condition that prevents the student from wearing a face covering at school.

If the student has a physical or mental health condition that limits or prevents the student from wearing a face covering at school, describe the condition and how it affects the student's ability to tolerate a face covering at school. Also, please indicate other accommodations that can be made for the student (i.e. mask breaks, wearing a face shield or an alternative facial barrier, etc.)

Name of MD or DO

MD or DO Signature and Date

MD or DO Office Address

MD or DO Office Phone Number