

FACE COVERING EXEMPTION FORM
LINE MOUNTAIN SCHOOL DISTRICT
185 Line Mountain Road
Herndon PA 17830

I, _____, the parent/guardian of _____,
assert and affirm that each of the following statements is true and correct.

My Child attends Line Mountain School District and is in the _____ Grade.

My Child is exempt from the Pennsylvania Department of Health’s August 31, 2021 Order (DOH Order) requiring masks, under Section 3, entitled Exceptions to Covering Requirement, subsection B. 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.

I further recognize that since my child cannot wear a “face covering” my child must wear an “alternative to a face covering” (e.g. plastic face shield) as defined in, and pursuant to the DOH Order. (If an “alternative to a face covering” causes or exacerbates the excepted conditions set forth in Section 3, subsection B of the DOH Order, a physician’s note in substantially the same form as the attached exhibit, must be provided with this form.)

I also recognize that although I have asserted subsection B of Section 3 of the Pennsylvania Department of Health’s Order entitled Exceptions to Covering Requirement, my child’s condition only inhibits them from wearing a mask, it does not impact my child’s ability to participate in any of the following physical activities: recess, physical education, school sponsored athletics, or extra-curricular activities.

I further agree that I will notify the Line Mountain School District immediately if my child’s medical condition changes.

I affirm the preceding statements are true and correct:

Signature: _____ Date: _____

IF YOUR CHILD IS 14 Years of Age or Older, they must sign below:

Student Signature: _____ Date: _____

PHYSICIAN’S “ALTERNATIVE TO FACE” COVERING EXEMPTION FORM

LINE MOUNTAIN SCHOOL DISTRICT

185 Line Mountain Road

Herndon PA 17830

I, _____, (name of licensed physician in the Commonwealth of Pennsylvania), certify that _____ (name of student) is exempt from wearing an “alternative to a face covering” (e.g. plastic face shield) as defined in the August 31, 2021 Order of the Acting Secretary of the Pennsylvania Department of Health, because the use of the same would cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability; and further that the medical condition preventing the use of an alternative to a face covering does not prevent the child from participating in any or all of the following activities (check those that apply):

- _____recess,
- _____physical education,
- _____school sponsored athletics,
- _____extra-curricular activities.

_____ Date: _____
(Physician Signature)

PA Medical License Number