

# HUNTINGDON AREA SCHOOL DISTRICT

## Administrative Offices



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**Tonya DeVecchis-Kerr**  
Interim Superintendent

**Matthew R. Gibson**  
Business Manager

### Student Face Covering – Exemption Request

If your child has a documented medical or mental health condition or disability that precludes the wearing of a face covering while on the bus and at school, and you are requesting an exemption from this requirement, you must submit this form to the building principal for review and approval.

#### SECTION A. To be completed by the child's parent/guardian.

Full Name of Student: \_\_\_\_\_ Student ID # \_\_\_\_\_

School Building: \_\_\_\_\_ Bus # if applicable: AM: \_\_\_\_\_ PM: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

I request an exemption from my child being required to wear a face covering. I understand that:

1. By not wearing a face covering my child may be at increased risk of contracting or spreading COVID-19.
2. Submitting this form constitutes my permission for the District to communicate with my child's healthcare provider regarding this medical or mental health condition or disability.

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Name(Signature)

\_\_\_\_\_  
Date

#### SECTION B. To be completed by your child's healthcare provider.

Full name of healthcare provider: \_\_\_\_\_

Office address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

My patient (the child) has the following medical or mental health condition or disability that precludes the wearing of a face covering on district property (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any alternative means (face shield, etc.) that may be used by your patient to help prevent the contraction and spread of COVID-19: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Healthcare Provider's Name (Printed)

\_\_\_\_\_  
Healthcare Provider's Name (Signature)

\_\_\_\_\_  
Date