



### Face Protection Exemption

For the 2021-2022 school year, we are asking for your assistance to slow the spread of Covid-19. At this time, we will require all students in grades K-12, whether vaccinated or unvaccinated, to wear face masks.

For those students that are unable to wear face coverings while at school for medical reasons, we ask that you collaborate with their medical professional to complete the form below and return it to your building principal.. **Please allow up to three (3) business days for review of and response to this request. Students must wear masks to attend school during this time.**

### Medical Exemption

My patient has a documented disability, medical or developmental condition such that he/she cannot safely wear a face covering for reasons related to the disability or condition. ***(Documentation from medical provider must be attached, and advise us with your best practice medical options to keep this student safe while at school or any school activity.)***

It is not advisable for \_\_\_\_\_ (student's name) to wear a:

Face Mask \_\_\_\_\_

Face Shield \_\_\_\_\_

Medical Professional Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Professional Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Practice Address \_\_\_\_\_

Ohio law prohibits any person from knowingly making a false statement with the purpose of misleading a public official in performing the public official's official function. See Ohio Revised Code Section 2921.13(A)(3).



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For those students that are unable to wear face coverings while at school for religious reasons, please provide additional information below, sign the form, and return it to your building principal. **Please allow up to three (3) business days for review of and response to this request. Students must wear masks to attend school during this time.**

**Religious Exemption**

An established sincerely held religious requirement exists that does not permit \_\_\_\_\_  
(student's name) to wear a:

**Face Mask** \_\_\_\_\_

**Face Shield** \_\_\_\_\_

***Please attach documentation for this request:***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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