



Face Covering Exemption Form

Staff and students of St. Michael Catholic school who cannot tolerate a face covering due to a developmental, medical, or behavioral health condition may be exempt from wearing one in school. A student exemption form must be signed by the parent/guardian of the exempted student and a medical authority. A staff member or student who fits this criteria would be allowed to wear a face shield in place of the face covering while at school or on district-provided transportation.

Definitions:

- Face covering: a cloth or paper mask, scarf, bandana, gaiter, or religious face covering that covers the mouth and nose.
- Face shield: Clear shield that extends below the chin in the front, to the ears on the sides, and to the top of the forehead. A shield with no gap at the forehead is preferred.
- Medical authority: A medical doctor, psychiatrist, clinical psychologist, physician assistant, or nurse practitioner (generally a person licensed to write prescriptions in Minnesota.)

*Parent or Guardian, please complete and return this form to the school principal:

Student(s) Information:

| Last Name | First name | Date of Birth | Grade |
|-----------|------------|---------------|-------|
| | | | |
| | | | |
| | | | |

Parent/Guardian Printed Name:

Parent/Guardian Signature:

Date:

*Back of form to be completed by medical authority.

| Office/Clinic Address | Office/Clinic Phone |
|-----------------------|---------------------|
| | |

List the medical reason a face covering exemption is warranted:

Medical Authority Printed Name:

Medical Authority Signature:

Date: