

Muncy School District

District Office

206 Sherman Street, Muncy, PA 17756
(570) 564-3125 (570) 546-6676 Fax

K- 12 STUDENT MASK MEDICAL LIMITATION/EXEMPTION

All students who are medically, cognitively, and emotionally able must wear face coverings to ride on a district bus/vehicle, attend school on site and participate in before and after school programs and activities. Students are allowed limitations or exemptions to this requirement only when 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.

STUDENT (One Student Per Form): _____

BUILDING/GRADE: _____

LIMITATION

I have determined the above-named student is **able** to wear:

_____ Face mask only: _____ On the bus/van _____ All day _____ Part of the day (# hours _____)
_____ Face shield only: _____ On the bus/van _____ All day _____ Part of the day (# hours _____)
_____ N/A

Comments:

EXEMPTION

_____ As parent/guardian of the above-identified student, I have determined the above-named student is unable to wear a face mask or a face shield for the entire school day, including on a district bus/van, as 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 am at least 18 years of age and of sound mind, and I hereby confirm that all the statements made in this K- 12 STUDENT MASK MEDICAL LIMITATION/EXEMPTION on behalf of the above-identified student are true and correct to the best of my knowledge, information, and belief.

Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN THE COMPLETED FORM TO THE APPROPRIATE SCHOOL

cc: Principal
School Nurse

Board Approved 9/13/21