

## STUDENT MEDICAL FACE COVERING EXEMPTION REQUEST FORM

LCS Students may be exempt from wearing a face mask or face covering in an LCS school building(s), on school grounds, in another LCS facility or while attending an LCS sponsored event(s) due to a medically documented health condition or disability. **Face coverings are required for all students when riding in school-provided transportation.**

**Please return the completed form to the School Nurse to be placed in the student's Cumulative Health Record. This form may be faxed directly from the physician to the school at: (434) \_\_\_\_\_ - \_\_\_\_\_.**

<b>Student's Full Name:</b>	<b>Student's Date of Birth:</b>	<b>Grade:</b>
<b>Student's Home Address:</b>	<b>School Name:</b>	
<b>Student Currently Has An:</b>		
<input type="checkbox"/> <b>Individualized Education Program (IEP)</b> <input type="checkbox"/> <b>Section 504 Plan</b> <input type="checkbox"/> <b>Health Care Plan</b> <input type="checkbox"/> <b>N/A</b>		
I affirm that my student has been diagnosed with the medical condition described below. I consent to the release of related medical documentation and authorize the medical provider identified below to discuss the condition with School officials. I understand that my child's inability to wear a face covering may increase the potential for exposure to illnesses.		
<b>Parent/Guardian Name:</b>	<b>Parent Telephone:</b>	
<b>Signature of Parent/Guardian:</b>	<b>Date:</b>	
<b>MEDICAL CERTIFICATION</b>		
<b>Medical Provider:</b>		
As the student's health care provider, I certify that this student has a physical or disability impairment which makes it inadvisable or impracticable for the student to wear a face covering.		
State the reason(s) why it is not feasible for the student to wear a face covering:		
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<input type="checkbox"/> This medical exemption is for the current school year.		
<b>Name of Physician (Print):</b>	<b>Medical License #:</b>	
<b>Signature of Physician:</b>	<b>Date:</b>	

<b>Face Covering Exemption Form Received By:</b>	<b>Date:</b>
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