

Universal Face Covering Order Exemption Request / Consent to Disclose Records



Name of Student: _____

Grade: _____ Date of Birth: _____ Today's Date: _____

I, parent/guardian of the above student, am requesting an exemption for my student from the Pennsylvania Department of Health Safety Order requiring universal face coverings at school. I have attached a medical certification* from a licensed physician (M.D. or D.O.) that includes a clear diagnosis of the need for an exemption from the Universal Face Covering Order.

Additionally, I, parent/guardian of the above student, authorize the Ephrata Area School District and _____(M.D./D.O.) to provide student records and medical information to each other related to the medical diagnosis and the request for an exemption from the Universal Face Covering Order.

I understand that I have the right to inspect and receive a copy of the said records via a conference. I also understand I have the right to revoke consent at any time. The permission is valid for the one calendar year from the date signed.

Name of Prescribing Physician:	
Phone of Prescribing Physician:	
Address of Prescribing Physician:	

Parent/Guardian Name: _____ Date: _____

Signature of Parent/Guardian: _____

***PHYSICIAN MUST INCLUDE ANSWERS TO THE FOLLOWING ITEMS IN ATTACHED MEDICAL CERTIFICATION.**

Does the student have an impairment that limits one or more major life activities?
If YES, please explain what major life activities are affected by the impairment.

How is each major life activity affected and the degree to which each is affected?

Does the student's Impairment limit his/her ability to wear a face covering while attending school?
If YES, please explain the limitations, reason for the limitations, and any modifications you believe should be considered.

Completed form WITH attached information from your physician should be returned to your child's principal.