

# Exception Request to Universal Face Covering Order

PINE GROVE AREA SCHOOL DISTRICT  
Pine Grove, PA 17963

Per the Order of the Acting Secretary of the Pennsylvania Department of Health Directing Face Coverings in School Entities issued August 31, 2021, and went into effect on September 7, 2021, please complete this form to support a request for an exception to the universal face covering order:

## Section 2: General Masking Requirement

“Each teacher, child/student, staff, or visitor working, attending, or visiting a School Entity shall wear a face covering indoors, regardless of vaccination status, except as set forth in Section 3.”

To be completed by Parents/Guardians (one form per child):

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
School Building

\_\_\_\_\_  
Grade

Can you wear an alternative face covering such as a face shield (the district can provide)?      YES      NO

Please select the appropriate exception reason below:

- Medical Condition** - A face covering would either cause a medical condition, or exacerbate (worsen) an existing one, including respiratory issues that impede breathing, a mental health condition, or a disability.
- Disability** - A face covering would impede the ability to communicate, where the ability to see the mouth is essential for communication, due to an identified hearing, speech, or other disability.

1. I am at least 18 years of age and of sound mind, and hereby confirm that all statements made (either on my behalf or on the behalf of the minor over whom I am custodial parent/guardian) in this certification are true and correct to the best of my knowledge and belief.
2. I understand and confirm that receiving an exception to the universal face covering order as requested above may increase the risk of exposure as well as contracting COVID-19 and its variants. It will also increase the potential for quarantining due to being a close contact.
3. As a result of this exception, I hereby waive, release, and forever discharge the Pine Grove Area School District, its Board of Directors, employees, agents, administrators, and attorneys, for myself and the student named above, from all claims, demands, damages, actions, causes of actions, causes of suits at law or in equity of whatever kind of nature, whether civil, criminal, or mixed as a result of the potential increased risk from not wearing a face covering.
4. I will also indemnify, hold harmless, protect and defend the Pine Grove Area School District, its Board of Directors, employees, agents, administrators, and attorneys against any later claim by the student named above related to not wearing a face covering.
5. As set forth herein, I certify that the student named above meets the criteria set forth in the Face Covering Order exception to the face covering requirement because of a medical condition, mental health condition, or disability, or other reason identified in the Face Covering Order. I further certify that should circumstances change, and the individual no longer required an exception, I will immediately inform the District.
6. This exception shall not impact the obligation of any student to comply with the requirements issued by the CDC, including requirements for masking on public transportation conveyances, such as school district transportation.
7. This exception form may be amended as necessary to meet changing circumstances and comply with any further mandates or guidance from Federal and State governing bodies with the continued goal being to ensure the safety, health and wellbeing of students, staff and administrators.

Parent/Guardian Signature (or student, if over 18): \_\_\_\_\_

Parent/Guardian Signature (or student, if over 18): \_\_\_\_\_

Building Principal Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_