



**PARENT / LEGAL GUARDIAN CONFIRMATION OF
EXEMPTION FROM WEARING MASK**

In deference to the common good and with due respect for the safety of our faculty, staff and students, as well as for those in the broader community, our school will require masks for students in grades kindergarten through and including grade 6 or for all students through grade 8 if not separated from lower grades, as well as all faculty, staff and visitors while inside the school building except while eating or drinking.

Exemption from wearing a mask will be allowed for students with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes students with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.

A mental health condition may be a mental illness or mental health disorder and refers to a wide range of mental health conditions - disorders that affect your mood, thinking and behavior. Examples of mental health conditions include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors, among others. See <https://www.mayoclinic.org>.

As Catholic school administrators, we are called to collaborate with the parents of our students who are the primary educators of their children. Parents are best equipped to make decisions on behalf of their children, including decisions regarding personal health. As such, it is the policy of this school that an exemption letter from a medical doctor or mental health professional, or acknowledgement of a parent or legal guardian on this form, is acceptable for the purpose of exercising this exemption.

ACKNOWLEDGEMENT OF PARENT OR LEGAL GUARDIAN:

I hereby acknowledge the requirements of the exemption stated above and confirm that my child named below has a medical or mental health condition that prevents him or her from wearing a face covering while attending school.

Child's Name

Child's Grade

Parent or Legal Guardian's Name

Parent or Legal Guardian's Signature

Date

(If you have a letter from a medical or mental health professional, please attach it)

8.16.2021