

Face Covering Student Exemption Request Form

Brunswick City School District

Date: _____

Name of Student (Last, First): _____

Parent/Guardian Submitting Request: _____

Reason for exemption from use of face covering requirements:

- My child has a medical condition, mental health condition, or disability that contraindicates wearing a facial covering as documented by the treating physician specific to the diagnosis (MD/DO signature required).
- My child has an established sincerely held religious requirement that does not permit a facial covering.

Additional explanation of selected reason (as needed):

Proposed accommodation/alternative requested (i.e., use of face shield):

*Return completed exemption form and supporting medical documentation to
Lisa Werner, BCSD District Nurse at Fax #330-273-0446*