



Lehigh Area School District Exception Request to Universal Face Covering Order

Per the Order of the Acting Secretary of the Pennsylvania Department of Health Directing Face Coverings in School Entities issued August 31, 2021, which was in effect at 12:01 a.m. September 7, 2021, please complete this form to submit a request for an exception to the universal face-covering requirement:

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 Parent/Legal Guardians (one form per child) if under the age of 18 or Staff Member wishing to submit a request for an exception:

Student or Staff Name

School Building

Grade or Position

Please select the appropriate exception reason below if applicable:

_____ Wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition, or a disability.

_____ During times when a face covering would impede communication when seeing the mouth is essential.

1. *I am at least 18 years of age and/or the legal guardian of the student 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 face covering requirements Order as requested above may increase the risk of exposure as well as contracting COVID-19 and its variants.*
3. *As a result of this exception, I hereby waive, release, and forever discharge the Lehigh 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 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 Lehigh 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, faculty member, or visitor named above meets the criteria set forth in the “Order” exception to the covering requirement because of a medical condition, mental health condition, or disability, or other reason identified in the Order. I further certify that should circumstances change, and the individual no longer requires an exception, I will immediately inform the District.*
6. *The 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 well-being of students, staff, and administrators.*

Parent/Guardian Signature (or staff/student over the age of 18)

Date: _____