

# Request for Face Mask Medical Exemption Milton Public Schools

**Face masks prohibit spread of the virus even when the infected person is without symptoms.**

- All students and staff are required to wear a face covering, unless medically waived.
- Masks can be lowered during allotted mask breaks.
- CDC guidance regarding masks should be used in schools by students and staff ([www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf](http://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf))  
Face masks/shields must be worn by bus drivers as long as they do not interfere with the health and safety of the driver.
- Masks should be worn on the bus, unless medically waived.

### **Masks should:**

- Fit snugly but comfortably against side of the face.
- Be secured with ears or ear
- Include multiple layers of fabric.
- Allow for breathing without restriction.
- Be able to be laundered and machine dried without damage or change to shape.
- Cover both nose and mouth.
- Be worn any time you are moving around.

As parent or guardian, you must request permission to receive a medical exemption to the Milton Public Schools face mask requirement. If an exemption is approved by a medical provider, your child will be flagged in our system, and not be required to wear a face mask.

Please return this completed form to your child's school.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

The above named student has requested a medical waiver for exemption to the Milton Public Schools requirement of face masks. As a result, Milton Public Schools requires medical verification for the following information.

Is it medically necessary for this student to not wear a mask to school, as required by Milton Public Schools?

Yes  No Comments: \_\_\_\_\_

### **Medical Provider Information**

Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*\*\*This form must be completed for each child in which you are requesting a waiver*