



## **Request for Medical Exemption from Student Cloth Face Coverings Requirement**

The health and safety of our students and staff is our top priority. To ensure a safe environment, face coverings will be required for all staff, students, and visitors on Poudre School District property. This requirement is aligned with recommendations from the Centers for Disease Control and Prevention (CDC), Colorado Department of Public Health and Environment (CDPHE), and guidance from other public health officials.

There may be some limited and rare circumstances where students with disabilities or certain medical conditions may not be able to wear a face covering. Most people, including those with disabilities, should be able to tolerate and safely wear a face covering. This exemption is not meant to cover students with disabilities or certain medical conditions for whom wearing a face covering might only be difficult or whose disability does not prevent them from wearing a face covering or wearing a face covering safely. The narrow subset of students with disabilities or certain medical conditions would be exempt from the district's face covering requirement:

1. A student with a disability who, for reasons related to the disability, would be physically unable to remove a face covering without assistance if breathing becomes obstructed.
2. A student with an intellectual, developmental, cognitive, or psychiatric disability that affects the student's ability to understand the need to remove a face covering if breathing becomes obstructed.

Some students with disabilities or certain medical conditions may qualify for a medical exemption to the face covering requirement based on factors specific to the student:

1. A student with a disability who cannot wear a face covering because it would cause the student to be unable to breathe or have respiratory distress if a face covering were worn over the mouth and nose. A student with a condition that causes intermittent respiratory distress, such as asthma, likely would not qualify for this exemption because people with asthma, or other similar conditions, can generally wear a face covering safely.
2. A student with a severe sensory disability or a severe mental health disability who would pose an imminent threat of harm to themselves or others if required to wear a face covering. Students who experience discomfort or anxiety while wearing a face covering without imminent threat of harm would not qualify for this exemption.

If you believe your child is unable to wear a face covering, please fill out this request form. Completed request forms should be returned to your school principal. Your school principal will then work with you on your child's individual needs and provide options or alternatives to the face covering requirement if a medical exemption is warranted. If your student is approved for a medical exemption, social distancing of 3 feet or more will be implemented. Other potential accommodations or alternatives, depending on the unique circumstance of the request, may include different passing times to maintain distance from other students, attendance at Poudre Global Academy Virtual, or other accommodations. In some circumstances, potential accommodations or alternatives may be discussed by a student's Section 504 or Individual Education Plan (IEP) team and documented in the student's 504 Plan or IEP.



# Poudre School District

## PART 1- Parent/Guardian to Complete

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

School/Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student Has:    \_\_\_\_\_ Individualized Education Plan (IEP)       \_\_\_\_\_ Section 504 Plan  
                  \_\_\_\_\_ Health Care Action Plan                       \_\_\_\_\_ Not Applicable

Face coverings over the nose and mouth are an effective measure for preventing the transmission of COVID-19. I understand that by my child not wearing a face covering, my child is potentially at a higher risk of COVID-19 exposure.

By signing this form, I authorize, \_\_\_\_\_, my child's licensed health care practitioner, to provide and disclose to Poudre School District R-1 any and all medical information required to respond to the specific inquiries set forth below. I further consent to the release of related medical documentation from the health care practitioner identified on this request form and authorize the health care practitioner to discuss my child's medical information related to this request with appropriate District staff.

The purpose of such use and disclosure is to allow PSD to evaluate my request for a medical exemption from the student cloth face covering requirement for my child. I acknowledge that health/medical records, once shared with PSD, will be educational records under the Family Educational Rights and Privacy Act (FERPA) and may not be protected by the HIPAA privacy rule. I also understand that refusal to consent to the exchange of information described above will not affect access to healthcare.

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of consent, except to the extent the action has been taken in reliance on it. In any event, if not revoked earlier, this authorization expires automatically on June 30, 2022.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Part 2- Licensed Physician with Prescriptive Authority, Advanced Practice Nurse with Prescriptive Authority, or Physician Assistant to Complete

I certify that I have examined \_\_\_\_\_, the student, and it is my professional opinion that:

\_\_\_\_\_ The student's physical, medical, or mental impairment prevents the student from wearing a cloth face covering.

\_\_\_\_\_ The student can tolerate wearing a cloth face covering intermittently during the school day.

\_\_\_\_\_ The student is able to wear a cloth face covering.

Based on the nature of the student's impairment, the student \_\_\_\_\_ CAN or \_\_\_\_\_ CANNOT medically tolerate wearing a transparent face shield.

If the student has a physical, medical, or mental impairment that limits or prevents the student from wearing a cloth face covering, please describe why the student is unable to wear a cloth face covering at school.

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If a student can tolerate wearing a face covering intermittently during the day, please provide additional information on how long or when a student can tolerate wearing a cloth face covering.

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Licensed Health Care Practitioner's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Date: \_\_\_\_\_