

**LOYALSOCK TOWNSHIP SCHOOL DISTRICT
1605 FOUR MILE DRIVE
WILLIAMSPORT, PA 17701**

K- 12 STUDENT MASK MEDICAL LIMITATION/EXEMPTION

All students who are medically, cognitively and emotionally able must wear face coverings to ride on a district bus/vehicle, attend school on site and participate in before and after school programs and activities. Students are allowed exemptions only when they are medically, cognitively or emotionally unable to wear a face covering, as determined by a Licensed Health Care Provider (MD, DO, PA, ARNP, licensed psychologist).

STUDENT: _____

BUILDING/GRADE: _____

LIMITATION

I have determined the above-named student is able to wear:

_____ Cloth face mask only: _____ On the bus/van _____ All day _____ Part of the day- # hours _____

_____ Face shield only: _____ On the bus/van _____ All day _____ Part of the day- # hours _____

Comments:

EXEMPTION

_____ I have determined the above-named student is medically, cognitively or emotionally unable to wear a cloth mask or a face shield for the entire school day, including on a district bus/van.

Licensed Health Care Provider (please print): _____ Date: _____

Licensed Health Care Provider signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

*If this form is not signed by a licensed health care provider, verification is required within seven days.

cc: Principal

School Nurse

PLEASE RETURN THE COMPLETED FORM TO THE APPROPRIATE SCHOOL.