



# SUGAR VALLEY RURAL CHARTER SCHOOL

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## 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: \_\_\_\_\_

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: \_\_\_\_\_

\* Verification is required within seven days if this form is not signed by a licensed healthcare provider. If there is a cost associated with obtaining a signature from a licensed medical provider, you are not required to get the signature but must sign the Consent for Release of Information Form so the school can obtain the necessary documentation to verify the exemption requested.

cc:                    Principal  
                          School Nurse    PLEASE RETURN THE COMPLETED FORM TO SVRCS.