



Springfield Local Schools

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Springfield Local School District Student Mask Medical Exemption

_____ (student name) is currently under my care and is exempt from wearing a mask to school due to the following exemption(s) to the Ohio K-12 mandate:

_____ he/she cannot remove a face covering without assistance

_____ he/ she has significant behavioral/psychological issue undergoing treatment that is exacerbated specifically by the use of a facial covering

_____ he/she is living with severe autism or with extreme developmental delay who may become agitated or anxious wearing a mask

_____ he/she has a facial deformity that causes airway obstruction

_____ other: _____

Doctor Name: _____ Phone Number: _____

Signature of Doctor: _____ Date: _____

Parent/Guardian Name: _____ Phone Number: _____

Signature of Parent/Guardian: _____ Date: _____

Student Name: _____ Grade Level: _____

District Representative Name: _____

District Representative Signature: _____