

## **Exemption Form**

## **Face Covering**

Arizona law requires that schools retain this form in order for a child to be exempted from face masks requirements for medical reasons.

## **Exceptions are applicable under the following circumstances:**

- The individual has a medical or behavioral condition or disability and cannot wear a face covering
- Any person who has trouble breathing, or is unconscious or incapacitated, or is otherwise unable to put on or remove the face covering without assistance)

## **Parent/Guardian Section:**

San Tan Charter School has put in place preventative measures to reduce the spread of COVID-19; however, San Tan Charter School cannot guarantee your child(ren) will not become infected with COVID-19. You as the parent take full responsibility of your child(ren)'s outcome with not wearing a face covering.

Student name	Grade	Age
Printed name of Parent/Guardian		
Parent/Guardian Signature	Date	
To be completed by a licensed physician or registered nurse pract from face covering requirements at school.	itioner to exe	mpt a child
Child's Diagnosis/Condition/Reason inhibiting the wearing of a face	e covering at so	chool:
Printed Name of Physician, Nurse, or Other Health Professional		
	_	
	Date	

Signature of Physician, Nurse, or Other Health Professional