FRANKLIN COUNTY PUBLIC SCHOOLS
STUDENT MASK EXEMPTION PHYSICIAN AUTHORIZATION FORM
(Please return completed form to your child's school principal)

Franklin County Public Schools (FCPS) uses layered prevention measures to create the healthiest possible environment for teaching and learning. One of the most effective strategies is the use of face masks to reduce exposure to germs and potential illness. Therefore, all students (PreK-12) must wear a mask on school buses and while inside schools regardless of their vaccination status. Student masks may be removed temporarily when the child is eating, drinking, or outdoors. Exemptions from mask use will be made for medical necessity and will require the signature of a licensed medical provider.

Student's Name (first last):		Student's ID#:
School Name:	Grade:	Date of Birth:

The student named above is unable to wear a face covering (mask) on the school bus and inside school buildings and offices during the COVID-19 pandemic for the following reason:

_____

_____

_____

To Be Completed by Licensed Medical Provider

List the medical reason an exemption or face shield is warranted _____

Can a face shield be worn instead of a mask?

☐ No
☐ Yes

Is a medical exemption required? (No mask OR face shield)

☐ No
☐ Yes

If yes, what alternative mitigation strategy is suggested? _____

By signing this form, I am indicating that the above information is true and accurate based on my assessment/ treatment of the child named above.

Licensed Medical Provider Printed Name_____

Licensed Medical Provider Signature_____

Office Name/Address:_____ Date:_____

By my signature, I authorize the release and exchange of this medical information by the licensed medical provider listed to school division personnel.

Parent/Guardian Printed Name _____

Parent/Guardian Signature_____Date:_____