



Pocono Mountain School District

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Dr. Elizabeth Robison, Superintendent

Student Face Covering – Exemption Request

If you request your child to be exempt from wearing a face-covering during the school day while indoors, please complete the information below. One exemption request must be completed for each child.

Name of Student: _____

Student ID# (If known): _____

School the student attends: _____

Grade: _____

I request my child be exempt from wearing a mask during school hours while indoors due to the following eligible exception via Section 3 of the Order by Acting Secretary of the Pennsylvania Department of Health directing face coverings in school entities:
(Check appropriate box)

- If wearing a face covering would cause a medical condition.
- If wearing a face covering would exacerbate an existing one, including respiratory issues that impede breathing, a mental condition, or a disability.

If your child is exempt from wearing a mask, and they are determined to be a close contact of another person testing positive for COVID-19, they will be required to follow quarantine protocols.

I HEREBY VERIFY that the facts, and indications made by me in the foregoing exemption request are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. Sec. 4904 relating to unsworn falsification to authorities.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

The exemption only applies to masking within schools. Masks are still required on school buses.

Completed forms should be returned during homeroom.