



# Carbon Valley Academy

Be Nice, Work Hard



## STUDENT COVID-19 MASK MEDICAL EXEMPTION FORM

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of the student listed above, confirm by signing below, that my student is unable to wear a face covering (mask), as required by the St. Vrain School District RE-1J ("District") and/or state/local public health orders, due to a medical reason that affects the student, as described below. Therefore, by completing this form, I am requesting that my student be exempted from the mask requirement for the 2021-2022 school year.

Medical reason: \_\_\_\_\_

By signing below, I affirm that I am the parent or legal guardian of the student, and that the medical reason described above affects my student's ability to wear a mask. I understand that because my student will be exempted from the mask requirement imposed by the District and/or state/local public health department, my student may be quarantined in the event of a COVID-19 case in the student's classroom and/or school.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

4040 Coriolis Way, Frederick, CO 80504