Mask Exemption Form

Form to be filled out by PCP, handed to parent to give to the school.

Today’s Date: ________________________________

To Whom It May Concern:

______________________________________________ is our patient at _________________________________.
(Patient’s name )                                               (name of practice)

This child has ______________________________________(condition) that makes it difficult for the child to wear a face covering in public and to school during the current COVID-19 pandemic.

CHKD general pediatricians and specialists agree that there are very limited reasons to exempt a child from wearing a mask. More details are attached to this form.

CHKD believes in the importance of face coverings for all individuals. We encourage the parents/guardians and school to continue to work with the child and employ other solutions including but not limited to a bandana or face shield or extra physical distancing. The child above is not prohibited from attending school for a medical reason, but the school and family are encouraged to develop a plan in order to desensitize the child to mask wearing and allow for face-to-face instruction without putting others at risk. Please see the attached for resources.

Sincerely,

______________________________________________
(physician)