



STUDENT MASK EXEMPTION PHYSICIAN AUTHORIZATION FORM

Williamsburg-James City County (WJCC) Schools 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 physician.

Form must be completed by the student's health care provider and faxed to the WJCC Schools Department of School Leadership at 757-565-9388.

Student's Name (first last) _____

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:

____ The child cannot wear a mask, or cannot safely wear a mask, because of a disability as defined by the Americans with Disabilities Act (ADA) (42 U.S.C. 12101 et seq.)

____ The child is being treated for a health condition that makes them unable to wear a face mask.

A face shield may be used in lieu of a face mask. ____ Yes ____ No

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.

Health Care Provider Printed Name _____ Health Care Provider Signature _____

Health Care Practice Name/ Address: _____

Health Care Provider Phone Number _____ Date _____

By my signature, I authorize the release and exchange of this medical information between the health care provider listed and school division personnel.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date: _____