



Davison Community Schools
1490 N. Oak Rd. Davison, MI 48423
Phone (810) 591-0913 Fax (810) 591-2674

Student Face Covering Medical Exemption Request

Pursuant to Executive Order 2020-142 (or any successor order) and consistent with guidance from the United States Centers for Disease Control and Prevention, the Davison Community Schools requires students to wear face coverings during some or all of the school day to prevent the spread of COVID-19.

To be completed by parent/guardian:

I request that my child, _____, not be required to wear a face covering while at school because my child cannot medically tolerate wearing a face covering.¹ I understand that:

1. By not wearing a face covering at school, my child may be at increased risk of contracting or spreading COVID-19;
2. The school may take additional safety precautions, including requiring my child to wear a face shield or other personal protection equipment, to protect others from contracting COVID-19;
3. The school may consider alternative learning options for my child, including whether distance learning is appropriate; and
4. My child may be referred for an evaluation to determine if a disability prevents my child from wearing a face covering and whether and to what extent accommodations will be provided.

 Parent/Guardian Name (Print) Parent/Guardian Signature Date

To be completed by medical professional²

I certify that I have examined the student identified above and it is my professional opinion that (check all that apply):

- The student is medically able to wear a face covering at school.
- The student has a physical or mental impairment, but the student can tolerate wearing a face covering at school if accommodations are provided (e.g., periodic breaks).
- The student has a physical or mental impairment that prevents the student from wearing a face covering at school.

If the student has a physical or mental impairment that limits or prevents the student from wearing a face covering at school, describe the impairment and how it affects the student’s ability to tolerate a face covering at school.

 Medical Professional’s Name (Print) Medical Professional’s Signature Date

Note: submitting this form does not guarantee that your exemption request will be granted. The District will review your request based on existing federal, state, and local legal requirements and public health recommendations and directives.

¹ If you believe your child requires an exemption to the face-covering requirement for a nonmedical reason, please contact the District’s superintendent, in writing, to explain the basis for that exemption.

² A medical professional means a physician or physician’s assistant as defined in the Michigan Public Health Code.

PLEASE RETURN THIS FORM TO: Holly Halabicky at above address
THANK YOU FOR YOUR ASSISTANCE