

# Sworn Affidavit for Exception to Covering Requirement

Student's Printed Name: \_\_\_\_\_  
First Name Last Name

Student's Grade Level: \_\_\_\_\_

**Exception which applies (please check):**

\_\_\_\_ - wearing a face covering would either cause a medical condition

\_\_\_\_ - wearing a face covering would exacerbate an existing medical condition including respiratory issues that impede breathing, or a mental health condition or disability

By signing this affidavit, I as the parent or guardian for this child attest that one of the above conditions apply which would reasonably restrict my child's ability to maintain a face covering or which may require reasonable accommodation.

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date of Signature

**Administrative Use Only:** Card # Issued: \_\_\_\_\_