

# Naples Central School

## Request for Face Covering Medical Exemption for Children 2-18 Years of Age

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Name of Student: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

This form is for your use in applying for a documented medical exemption for wearing a face covering as required for all students during the COVID-19 Pandemic. Its purpose is to establish and confirm a medical basis for your request. Philosophical, political, scientific, or sociological objections to the face covering requirement(s) do not and will not justify an exemption.

In order for any exemption to be reviewed and considered by the District, your primary physician/medical provider must provide a detailed medical diagnosis recommending and supporting the need for an exemption to face covering requirement(s). This information will be reviewed by District and may also be reviewed by the District's medical provider.

### **To be completed by the Student's Physician/Medical Provider:**

Please provide a detailed reasoning regarding a medical exemption to the face covering requirement for this student and include other relevant information. You may attach additional written pages or other materials.

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\_\_\_\_\_  
Physician/Medical Provider Signature & Date

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

\_\_\_\_\_  
Physician/Medical Provider's Name (printed)

\_\_\_\_\_  
Parent/Guardian's Name (printed)

\_\_\_\_\_  
Name and Address of Medical Office

*\*\*\*Please submit this completed form to Matthew Frahm, Superintendent of Schools, at: [mfracm@naplescsd.org](mailto:mfracm@naplescsd.org) or 136 N. Main Street, Naples, NY 14512\*\*\**

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### **School District Use Only**

Reviewer(s) Names(s): \_\_\_\_\_

Results of This Review:    Approved \_\_\_\_\_    Denied \_\_\_\_\_    Approved with modification \_\_\_\_\_

If denied or approved with modification, please indicate reasons (attach additional information if necessary).

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\_\_\_\_\_  
Reviewer(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

*Parent(s)/Guardian(s) must be notified in writing the approval or denial of the request.*