



**BERLIN BROTHERSVALLEY SCHOOL DISTRICT**

**1025 MAIN STREET**

**BERLIN, PENNSYLVANIA 15530-1498**

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**“HOME OF THE MOUNTAINEERS”**

Dr. David F. Reeder  
*Superintendent*

***“Educational Excellence, Community Engagement, Lifelong Success”***

Lori Gindlesperger  
*Business Manager*

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**Student Face Covering Exemption Request**

If you are requesting your child to be exempt from wearing a face covering during the school day while indoors, please complete the following form. Please complete one form for each child.

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

Student Grade Level: \_\_\_\_\_

I request my child be exempt from wearing a mask during school hours while indoors due to the following eligible exception via Section 3 of the Order of the Acting Secretary of the Pennsylvania Department of Health directing face coverings in school entities:

\_\_\_\_\_ If wearing a face covering would cause a medical condition.

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

In requesting this exemption for my child, I am recognizing that my child may be at an increased risk of exposure and/or contracting COVID-19. I also recognize that exempting my child from wearing a face covering exposes them to contact tracing and quarantining guidelines if exposed to a positive COVID case.

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Completed forms should be returned to the elementary office, middle school office, or high school office.**