Lpps START STRONG 2020-2021

FACE COVERING

LPPS Student ☐ LPPS Employee ☐

NOTIFICATION OF FACE COVERING EXEMPTION

This letter is to advise school officials that due to medical contraindications _____ is exempt from wearing a face covering.

(Please Print)

Signature:_____ Date:_____

(Parent if student)

Physician's Name (Print):_____

Physician's Signature:_____ Date:_____

By signing this form and not wearing a proper face covering, I acknowledge that I am at an increased risk of contracting COVID-19.