



SOUTH HILLS CATHOLIC ACADEMY COVID-19 MASK EXEMPTION REQUEST FORM



If you wish to request an exemption from wearing a mask for your child(ren) in accordance with the PA Health Department's Order issued on August 31, 2021, please provide the information below.

Parent / Guardian Name: _____

Parent / Guardian Email: _____

Parent / Guardian Primary Phone: _____

Your Child(ren)'s Name(s):

Child #1 _____ Grade _____

Child #2 _____ Grade _____

Child #3 _____ Grade _____

Child #4 _____ Grade _____

I request that my child(ren) named above be exempt from the requirement of wearing a mask because of a medical and/or mental condition/disability that my child(ren) suffer(s) from and that would be significantly worsened by wearing a mask. In consideration of the granting of this exemption request, **I pledge to strictly adhere to the school's requirement that I must keep my children home if they are sick, especially if they are experiencing any COVID-like symptoms.**

Please Check:

Yes

Parent / Guardian Signature: _____

Print Name: _____

Date: _____

If you have any questions, please contact Harmony Stewart at hstewart@shcacademy.com.