

SALISBURY-ELK LICK SCHOOL DISTRICT

P.O. BOX 68, 196 SMITH AVENUE, SALISBURY, PA 15558

Elementary/Superintendent's Office: (814) 662-2733 / Fax (814) 662-2544

High School: (814) 662-2741 / Fax (814) 662-2091

Mr. Jason Collier
High School Principal

Mr. Joseph Renzi
Superintendent
Elementary Principal
Federal Programs Coord.

Ms. Brenda Krause
Business Manager

Miss Jacqueline Palmer
School Counselor

Mrs. Jodi Janidlo
Board Secretary

Student Face Covering Exception

If you are asserting that your child should 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 understand that the School District will be enforcing the Pennsylvania Department of Health's Order dated August 31, 2021, which allows Exceptions to Covering Requirements, a copy of which can be found on the District's website.

I assert my child be excepted from wearing a face covering, including the use of a face shield, during school hours while indoors under Section 3 of the Pennsylvania Department of Health's August 31, 2021 Order, entitled Exceptions to Covering Requirement.

I recognize that although I have asserted Section 3 of the Pennsylvania Department of Health's Order entitled Exceptions to Covering Requirement my child's condition only inhibits them from wearing a face covering, including a face shield, and does not impact my child's ability to participate in physical activities, including, but not limited to, recess, physical education class, and school sponsored athletics and activities.

I will notify the School District immediately if my child's condition changes.

In asserting this exception for my child, I am recognizing that my child may be at an increased risk of exposure and or contracting COVID-19.

Parent/Guardian Name (Printed): _____

Parent Signature: _____

Date: _____

****Completed Forms should be returned to your child's Building Principal****