

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: _____
(Parent if student)

Date: _____

Physician/Provider Name (Print): _____

Physician/Provider Contact Number: _____

Physician/Provider 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.