



NORTH EAST SCHOOL DISTRICT

50 EAST DIVISION STREET • NORTH EAST, PENNSYLVANIA 16428
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MASK/FACE COVERINGS WAIVER REQUEST

The Pennsylvania Secretary of Health issued an Order (“Order”) on July 1, 2020 which requires individuals, including students in school, to wear face coverings in an effort to curb the spread of COVID-19. Face coverings include both masks and face shields. The Order allows “individuals who cannot wear a mask due to a medical condition, including those with respiratory issues that impeded breathing, mental health condition or disability” to be exempted from the mask-wearing mandate.

The Pennsylvania Department of Education and the Pennsylvania Department of Health subsequently issued guidance clarifying the medical condition/disability exception in schools, stating: “Children two years and older are required to wear a face covering unless they have a medical or mental health condition or disability, documented in accordance with Section 504 of the Rehabilitation Act or IDEA, that precludes the wearing of a face covering in school. Accommodations for such students should be made in partnership with the student’s health care provider, school nurse, and IEP/504 team.”

I am requesting that my child, _____, be exempted from the mask-wearing requirement because s/he has a medical, mental health condition or disability.

Pursuant to PDE/DOH guidance, one of the following options must be checked:

My child has previously been identified as being eligible for special education services or accommodations under IDEA or Section 504. I understand my child’s IEP or 504 Plan will need to be updated to reflect this requested change. I understand the IEP team or 504 team may need me to produce medical or psychological evidence to support my request for this accommodation.

If you have checked this option, please also check one of the additional options below:

I am requesting my child’s IEP team or 504 team meet to discuss further accommodations or revisions my child may need related to mask-wearing and/or other pandemic related matters. I understand the District may also request the Team to convene for this purpose.

I am comfortable inserting the necessary revisions to my child’s IEP or 504 Plan without convening my child’s IEP team or 504 team. I understand the District will issue a revision of the IEP or 504 Plan, with a NOREP or Section 504 prior written notice via mail or email to me.

My child has not previously been identified as eligible pursuant to IDEA or Section 504. I understand my assertion my child has a medical or disabling condition which purportedly necessitates mask-wearing accommodations triggers the “child find” obligations under IDEA or Section 504. I understand I may need to provide evidence of my child’s disabling condition and need for accommodations pursuant to the IDEA or Section 504 evaluation process.

SIGNED _____ DATE _____