



Neshaminy School District

Administrative Offices • 2250 Langhorne-Yardley Road • Langhorne, PA 19047

We Build Futures

Face Mask Exemption Request

To be completed by parent/guardian:



Last Name: _____

Date: _____

First Name: _____

School: _____ Parent Phone: _____

Grade: _____

Student ID: _____

The school may contact the below licensed medical professional about my child.

Based on the below, my child should be exempt from wearing a Face Mask while at School and on the Bus.

Parent/Guardian Signature: _____

Date: _____

To be completed by licensed medical professional:



Name of the Practice: _____ Phone: _____

Individual authorizing the Mask Exemption: _____

Condition necessitating the Mask Exemption in School: _____

Based on the above condition, this child should be exempt from wearing a Face Mask while at School and on the Bus.

Signature: _____

Date: _____

Stamp/Seal of the Practice: _____