



MASK EXEMPTION FORM
VERIFIED MEDICAL REASON

Name of Child: _____ Date of Birth: _____

Address of Child: _____

Name of Parent(s): _____

Address of Parent(s): _____
(if different from child)

The section below must be completed by the student's treating physician to verify a medical reason that prohibits the student from wearing a mask while on transportation and/or attending school. Upon completion, this form must be provided by the treating physician directly to the Montville Public Schools, Care of Paula LaChance, Director of Special Services at 800 Old Colchester Road Oakdale, CT 06370.

Contact Information for Treating Physician

Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Medical Verification

- The above-named child is unable to wear a mask while attending school and/or on school transportation due to a verified medical reason.

The child has been diagnosed with: _____

Yes No

 Can the child wear a face shield while attending school and/or on school transportation?

By signing below, I verify that the above information is accurate to the best of my professional knowledge.

Signature of Treating Physician

Date