



Elk County Catholic School System

The Elk County Catholic School System is committed to providing a safe and appropriate educational experience for all members of our school community. Since the beginning of the pandemic, our focus has been on maintaining in-person instruction and development of our students in mind, body and spirit.

Understandably, schools including ECCSS are facing challenges. Orders from the Department of Health require all staff, students, and visitors to mask while indoors with limited exceptions. If your child meets one of the exceptions listed in the order released on 8/31/21, you may request a waiver from the general masking requirement with appropriate documentation. Please review the exceptions below.

- A. If wearing a face covering while working would create an unsafe condition in which to operate equipment or execute a task as determined by local, state, or federal regulators or workplace safety guidelines.
- B. If wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability.
- C. When necessary to confirm the individual's identity.
- D. When working alone and isolated from interaction with other people with little or no expectation of in-person interaction.
- E. If an individual is communicating or seeking to communicate with someone who is hearing-impaired or has another disability, where the ability to see the mouth is essential for communication.

If you are interested in requesting a waiver from the general masking requirement due to a documented concern, please complete the form below and return to the school office

I would like my student to be exempt from wearing a mask (complete one for each student) for the following reason(s): (please check any applicable exemption below)

_____ Section B. Medical condition or disability

_____ Section B. Student cannot remove the mask without help (disability)

_____ Section E. Impedes communication or seeking to communicate

Student Name _____ Grade _____

Parent Signature _____ Date _____

Parent Name Printed: _____