

COVID-19 MASK EXEMPTION FORM

As per the Ministry of Education guidance document (Guide to Reopening Ontario's Schools), students in Grades 1 to 8 will be required to wear non-medical or cloth masks indoors in school, including in hallways and during classes and outdoors where physical distancing cannot be maintained.

The health and safety measures that staff and students take while attending school will assist PCS to keep the school open. Where a family is not able to provide a non-medical or cloth mask for their child(ren), PCS will provide one for them

Parents/Guardians requesting an exemption for their child are to complete the Mask/Face Covering Exemption Form based on reasons outlined and submit the form to the school. **Due to the new guidelines/requirements as of January 2021, all previously submitted requests will be considered obsolete. Families will need to fill out the new form moving forward for each child.**

While cloth masks/face coverings are required (Grades 1 to 8) to reduce the spread of COVID-19, PCS recognizes there are specific instances when wearing a mask/cloth face covering may not be feasible. **There are likely to be students in every class who will not be wearing masks/face coverings.** Students will be granted an accommodation/exemption from wearing a non-medical mask/face covering for reasons related to a medical condition, mental health, sensory, or breathing difficulties. This would be under advisement by the student's doctor.

When requests for accommodations/exemptions are made, the following guidance needs to be considered:

- **As part of the Mask/Face Covering Exemption Request process, appropriate medical documentation/relevant information pertaining to the health issue will be requested from students (Grades 1-8) who have health issues/disability that prevent them from wearing a mask/face covering.**
- Masks/face coverings may not be required for students who cannot wear or are unable to apply or remove a mask/face covering without assistance, including those who are accommodated under the Accessibility for Ontarians with Disabilities Act (AODA) or who have protections under the Ontario Human Rights Code, .R.S.O.1990,cH.19, as amended.

To Whom Do I Address Questions or Concerns?

If you have any questions or concerns, please contact Dr. Ogborne (principal@pickeringcs.on.ca).

For further information on school re-opening please visit <http://www.pickeringcs.on.ca>



Mask/Face Covering Exemption Form

Student Name: _____

Grade: _____

Reason for Mask/Face Covering Accommodation/Exemption:

Below are examples of why you may be applying for the exemption:

- Asthma (Plan of Care necessary. Please speak to your principal)
- Breathing difficulties caused by underlying health condition (e.g. severe allergies, heart or lung disease)
- Intellectual/developmental
- Sensory processing
- Hearing/communication
- Physical/Other cannot wear or remove a mask without assistance

My child has medical issues or a special needs identification that prohibits the:

- Continuous use of a non-medical or cloth mask when indoors, and outdoors where physical distancing cannot be maintained.

My child has medical issues or a special needs identification that requires the:

- Periodic removal of a non-medical or cloth mask when medical conditions worsen.

I have attached the appropriate medical documentation/relevant information pertaining to the health issue. Yes

ELEMENTS OF RISK NOTICE The risk of health concerns exists when a mask is not worn during a pandemic. Health risks may range from minor influenza-like illness symptoms to severe upper respiratory symptoms. These health concerns from not wearing a mask can occur without fault on either the part of the student, the school or its employees/agents. The safety and well-being of students is a prime concern and attempts are made to manage, as effectively as possible, the foreseeable risks inherent in the spread of disease in the school.

I acknowledge and have read the Elements of Risk Notice. Yes

Parent/Guardian Signature: _____ Date: _____

Principal/Vice Principal Signature: _____ Date: _____

**Original copy of this form is to be kept in the family correspondence file.
February 2021*