



SCHOOL DISTRICT 54

Ensuring Student Success

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FACE COVERING/FACE MASK ACCOMMODATION FORM

This form must be completed **in full** and submitted to the School District in order to be considered for medical exemption from wearing a face mask or other face covering while at school or school events. During this time the student will have to wear a mask while in school. Review can take at least 5 days.

To be Completed by Parents (please print)

Student Name	
Parent Name	
Student's Date of Birth	

- **I understand and agree that school staff may need to contact the physician for further information.**
- **I understand that my child is at increased risk of both transmitting and contracting the COVID-19 virus at school without a face mask**

Parent Signature

Date

To Be Completed by Physician (Must be completed in full in order to be valid)

Name of Physician (please print)	
Phone number/Address of Doctor	
Diagnosis (that is directly connected to face mask exception)	
If the student is unable to wear a mask for the entire school day, how long can the student wear a face mask?	
Other notes/recommendations:	

Physician's Signature

Date