

**Alloway Township School
P.O. Box 327, 43 Cedar St.
Alloway, NJ 08001
(856) 935-1622**

Pamela Southard, Chief School Administrator - Shannon DuBois-Brody, Business Administrator

SCHOOL PHYSICIAN VERIFICATION FOR MASK EXEMPTION
DUE TO A HEALTH CONDITION

In response to Executive Order #251, the [insert title of the appropriate District personnel] shall forward the request and documentation from the student's local health care provider to the school physician, who shall verify the need for a mask exemption. The school physician may contact the student's physician to secure additional information concerning the student's diagnosis or need for treatment and shall either verify the need for a mask exemption or shall provide reasons for denial to the district board of education. Included is a parent consent to release information.

Student Name: _____

School: _____

Grade: _____

To the School Physician:

Please complete the below and return to Kellie Whelan, School Nurse at whelank@allowayschool.org, fax 856-935-3017.

The need for a Mask Exemption for this student is:

Verified

Denied

Reason for Denial/Additional Information: _____

Accommodations that may be utilized in lieu of exemption: _____

School Physician Signature

Date