



Phelps Clifton-Springs CSD
 Midlakes Schools
 1490 State Route 488
 Clifton Springs, NY 14432



Phelps Clifton-Springs Central School Request for Face Covering Exemption

Name of Student: _____

Name of Parent(s)/Guardian(s): _____

Current Grade Level of Student: _____

This form is for your use in applying for an exemption of wearing a face covering as required for all students during the COVID-19 Pandemic. Its purpose is to establish and confirm a medical basis for your request, since the NYS does permit an exemption based on medical need(s). Philosophical, political, scientific, or sociological objections to the face covering requirement(s) do not and will not justify an exemption.

In order for any exemption to be reviewed and considered by the District, your primary physician/medical provider must provide a detailed medical diagnosis recommending and supporting the need for an exemption to the face covering requirement(s). This form can be returned to the to the Elementary main office or the Secondary main office addressed to the District COVID-19 Safety Officer John Lombardi. This information will be reviewed by District Staff and may also be reviewed by the District’s medical provider and the Department of Health.

To be completed by physician/medical provider:

Provide the medical diagnosis that supports an exemption to the face covering requirement(s) for this student and include other relevant information that would support this request/consideration by the District. You may attach to this form additional written pages or other materials if you choose.

Elementary Health Office
 Secondary Health Office

(315) 548-6720
 (315) 548-6320

Elementary Office
 Secondary Office

315-548-6900
 315-548-6300

