



LEGACY
CHRISTIAN ACADEMY

3037 BUNKER LAKE BLVD. NW
ANDOVER, MN 55304
763.427.4595
WWW.LCAMN.ORG

Face Covering Exemption Form Updated 8/31/2020

Students in grades K-12 who cannot tolerate a face covering due to a developmental, medical, or behavioral health condition may be exempt from wearing one in school.

An exemption form must be signed by a parent/guardian **AND** a medical authority.

Definitions:

- **Face Covering:** a cloth or paper mask, scarf, bandana, or gaiter that covers the mouth and nose.
- **Face Shield:** Clear shield that extends below the chin in the front, to the ears on the sides and with no gap between the forehead and the headpiece may be used in certain specific circumstances.
- **Medical Authority:** A medical doctor, psychiatrist, clinical psychologist, physician assistant, or nurse practitioner (generally a person licensed to write prescriptions in Minnesota.)

Parent/Guardian: Return this completed form to healthoffice@lcamn.org or the school office.

STUDENT INFORMATION			
Student Last Name	Student First Name	Date of Birth	Grade
Parent/Guardian Printed Name		Parent/Guardian Signature	
Date			

MEDICAL AUTHORITY	
Medical Authority Printed Name	Medical Authority Signature
Office/Clinic Address	Office/Clinic Phone
Choose one option below	
Is a medical exemption required (no mask or face shield)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, list the medical reason an exemption is warranted:	
If NO, can a face shield be worn instead of a face covering?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	