



BUTLER COUNTY BOARD OF EDUCATION

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OFFICE OF THE SUPERINTENDENT

Exemption From Wearing Face Covering

Date: _____

Health Care Provider's Information:

Name of Health Care Provider: _____

Office Address: _____

Phone Number: _____ Fax Number: _____

Student Information:

Student Name: _____ Date of Birth: _____

Medical Condition or Disability: _____

The parent/guardian of the above named student has requested an exemption from Executive Order 2021-585 effective August 10, 2021 requiring the use of a face covering when indoors at school, including buses, regardless of vaccination status, based on the medical condition or disability of the student. Please verify the following information (check if applicable):

The student's disability, or a physical or mental impairment, prevents the student from safely wearing a face covering while at school or on the bus.

Physician's Signature

Parent Acknowledgement

I agree with the physician's statement above that my child cannot safely wear a face covering at school and/or on the bus even though masks have been mandated by the Governor to slow the spread of COVID-19. I also understand that my child's inability to wear a mask may create a greater risk to my child of being exposed to and contracting COVID-19.

Signature of Parent/Guardian

Date