

Principal: Mr. Stephen DeBoer, OCT, BSc, MEd

NMM Exemption Form

In the event that your child is not able to wear a non-medical mask (NMM) at school due to a medical (or other applicable) condition, this form must be signed by the child's parents and filed in the school office.

We, _____, inform the school that our child(ren),
[print parents' names]

_____, is/are not able to wear a mask at
[print child(ren)'s name(s)]

school under the conditions below due to a medical (or other applicable) condition.

We record our child(ren)'s name(s) and condition(s) below, and do not hold the school liable for any repercussions that may develop due to this failure to mask.

Child(ren)'s Name(s)	Grade	Medical (or other applicable) Condition

Additional Applicable Notes: _____

Father's (or Guardian's) Signature

Mother's (or Guardian's) Signature

NOTE: This form is kept on file in the school office. Students may not enter the school building without wearing a mask unless this form is filed with the office.