

Campbellsville Independent School District
Exemption From Face Coverings

Date: _____

Treating Physician's Information

Name of Physician: _____

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 the policy requiring the use of a face mask based on the medical condition or disability of the child. Please verify the following information (check if applicable):

The child's medical condition or disability prevents the child from safely wearing a face mask or similar face covering while on the bus or while at school.

Physician's Signature

Questions regarding this form may be directed to Elisha Rhodes at 270.403.5274.

Form may be dropped off at the school office of your child. Form may also be emailed to Elisha Rhodes (elisha.rhodes@cville.kyschools.us).