

Forbes Road School District Mask-Wearing Exception Affidavit

According to the Order of August 31, 2021, from the Acting Secretary of Health of the Commonwealth of Pennsylvania, beginning September 7, 2021, each teacher, student, staff, or visitor working, attending, or visiting a School Entity shall wear a face covering indoors, regardless of vaccination status, except as set forth in various enumerated exemptions set forth in the Acting Secretary's Order.

By submitting this affidavit, the undersigned parent(s)/guardian(s) represent to the Forbes Road School District that the child identified herein cannot wear a face covering because wearing a face covering would either cause a medical condition, or exacerbate an existing one, including respiratory issues that impede breathing, a mental health condition or a disability. I/we specifically represent that the identified child has or is susceptible to a medical condition, mental health condition, or disability.

I hereby affirm and certify that the information submitted above is true and correct. I understand that all statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. I understand that this form will be kept on file by the school district. I understand that reasonable accommodations may be made for my child based on this request including seating changes, social distancing, and other strategies to mitigate COVID risk. By providing this statement, I understand that there are no exceptions to quarantine or isolation guidance for unmasked, unvaccinated individuals.

I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE AGAINST THE FORBES ROAD SCHOOL DISTRICT AND ITS DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS, AND AGENTS (THE "RELEASED PARTIES"), EITHER IN LAW OR IN EQUITY, TO THE FULLEST EXTENT PERMISSIBLE BY LAW, WHICH I OR MY IDENTIFIED CHILD MAY HAVE OR WHICH MAY HEREINAFTER ACCRUE ON OUR BEHALF AND THAT ARISE OR MAY HEREAFTER ARISE RELATING TO THIS AFFIDAVIT.

Print Child's Name: _____ Grade Level: _____

Parent 1
Printed Name: _____ Signature: _____

Parent 2
Printed Name: _____ Signature: _____

State of Pennsylvania :
: ss.
County of :

On this _____ day of _____, 2021, before me, a notary public, the undersigned officer, personally appeared _____, who being duly sworn according to law, and intending to be legally bound, deposes and says that the foregoing statements are true and correct to the best of the Affiant's knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal.

Notary Public
My Commission Expires: