

LAUREL SPRINGS SCHOOL DISTRICT

Mr. Thomas F. Attanasi
Superintendent
Mr. Ryan C. Mahlman
Principal

623 Grand Avenue
Laurel Springs, NJ 08021
856.783.1086
www.laurelspringschool.org

Please complete the following steps to **Request a Face Mask Exemption** for your child:

1. Obtain Mask Exemption Forms from the district website at stratford.k12.nj.us
 - a. Click on Covid-19 2021-2022 located in the gold banner at the top of the site
 - b. Click on 2021-2022 Mask Exemption
2. Complete Mask Exemption Forms with child's Pediatrician/ Family Physician
3. Provide the following written documentation:
 - a. Student's Health Care Provider (Form 1)
 - b. Authorization to Release/ Obtain Records (Form 2)
 - i. any additional appropriate information to the school physician
 - c. School Physician Verification (Form 3)
 - i. Complete Section #1
 - ii. Section #2: School Physician may contact the student's physician to secure additional information concerning the student's diagnosis or need for exemption.

NOTE: No mask exemption will be granted until approval is received from the school physician.
4. Send all completed forms to our District Liaison:
Lisa Corrigan, Laurel Springs Nurse
lcorrigan@laurelspringschool.org
856-783-1086 x 112
5. District Liaison will inform you if the Mask Exemption has been approved.

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FORM #1

Parent Request for Face Mask Exemption Due to Medical Condition

Please complete both pages of the following form in its entirety. Attach the Medical Documentation from the student's local health care provider.

Student's Name:		Grade:	
School:	Classroom/Homeroom Teacher:		
Parent/Guardian Name:			
Parent/-Guardian Contact Number:			
Local Health Care Provider (Physician) Name and Address:			
Date of Physician's Determination:			

Submit all documentation to:

Lisa Corrigan, School Nurse at lcorrigan@laurelspringschool.org

NOTE: Once received, your school nurse, shall forward the written documentation from the student's local health care provider, parent-signed release of information form, and any additional appropriate information to the school physician, who shall verify the need for a mask exemption. The school physician may then contact the student's physician to secure additional information concerning the student's diagnosis or need for exemption and shall either verify the need or shall provide reasons for denial to the district board of education. This process may be delayed if the student's health care provider does not respond to a request for information from the district school physician. **No mask exemption will be granted until approval is received from the school physician.** The parent/guardian will be notified when approval is received.

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FORM #2 AUTHORIZATION TO RELEASE / OBTAIN RECORDS OR INFORMATION FOR MASK EXEMPTION DUE TO MEDICAL CONDITION REQUEST

Student's Name: _____

Date of Birth: _____ School: _____

I hereby authorize (name/address/phone number of local health care provider):

To release information/records to:

- Lisa Corrigan, Laurel Springs School Nurse
- Dr Gigliotti, Laurel Springs Public School District Physician
-

I understand the information to be released may include the following in written and/or verbal form:

- Reports and Consultations
- Diagnostic Tests, Results and Interpretations
- Medical Records
- History Diagnosis and Treatment Plans

The authorization shall become effective on the date signed and remain in effect until revoked by me. I may void this authorization, except for action already taken, at any time by providing notice in writing.

Parent / Guardian Signature

Date

Print Name: _____

Relationship to Student: _____

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FORM #3 School Physician Verification Mask Exemption Due to a Health Condition

In response to Executive Order #251, Lisa Corrigan, Laurel Springs School Nurse, shall forward the request and documentation from the student's local health care provider to the school physician, who shall verify the need for a mask exemption. The school physician may contact the student's physician to secure additional information concerning the student's diagnosis or need for treatment and shall either verify the need for a mask exemption or shall provide reasons for denial to the district board of education. Included is a parent consent to release information.

SECTION #1 (to be completed by Parent/Guardian):

Student Name: _____

School: _____ Grade: _____

SECTION #2 (to be completed by School Physician):

Please complete the below and return via email to Lisa Corrigan, Laurel Springs School Nurse at lcarrigan@laurelspringschool.org.

The need for a Mask Exemption for this student is:

Please circle confirmation below.

- Verified
- Denied

Reason for Denial/Additional Information: _____

Accommodations that may be utilized in lieu of exemption: _____

School Physician Signature

Date