

Hebron Public Schools

High Expectations, Bright Futures



Office of the Superintendent

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Thomas J. Baird, Ed. D. Superintendent of Schools

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Mask Exemption form

Masks are required for all staff and students under the CT Department of Education guidelines. Exceptions will be made

| only for students with a documented medical condition or disability that prevents them from safely wearing a mask | |
|---|-----------------------|
| I attest that the following student | has a documented |
| disability or medical condition that prevents them from sa | afely wearing a mask. |
| Physician Signature: | Date |
| Physician Name: | |
| Physician Stamp: | |
| | |
| | |
| | |
| Parent Signature: | Date |