



## KAT Medical Certification of Exemption Face Coverings

In compliance with the Kalamazoo County Health & Community Services (KCHCS) Emergency Order issued on August 18, 2021, (the Order), Kalamazoo Area Tutoring Association, Inc. (KAT) has put in place preventative measures to reduce the spread of COVID-19 as outlined in the 2021 KAT Preparedness Plan. As an “Educational Institution” (as defined in the Order), KAT is required to adhere to the Order, which includes mask wearing for students in grades K-6<sup>th</sup>, tutors, and administrative staff of said grade level.

I, the undersigned, certify that I am the parent or guardian of the student named below.

I agree to the following statements:

- I acknowledge by signing this form, I am formally requesting a mask exemption for my student.
- I am signing this waiver knowingly, intelligently, and voluntarily.
- I affirm that I have obtained from a Medical Doctor or Doctor of Osteopathic Medicine written confirmation that my child has a medical reason for the exemption.
- If my child exhibits symptoms of COVID-19, tests positive for COVID-19, or is in close contact with someone who tests positive for COVID-19, I will immediately notify the Parent Advisory Committee.

*Student Name (Printed):* \_\_\_\_\_

*Parent Name (Printed):* \_\_\_\_\_

*Parent Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_