



**Pembroke Public Schools**  
72 Pilgrim Road, Pembroke, MA 02359  
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[www.pembrokek12.org](http://www.pembrokek12.org)

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**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Dear Provider,

According to the August 25, 2021 mask requirement issued by the Department of Elementary and Secondary Education, all students and staff are required to wear a mask indoors, except when eating, drinking, or during mask breaks.

The student listed above has requested an exception to this requirement for a medical or behavioral reason. Please provide the following information about the student in your care. This information is confidential and will only be shared with the school nurse and other school staff who need to know for safety and educational purposes.

Please check one of the following:

**Student may wear a mask with appropriate breaks throughout the day**

**Student cannot wear a mask for medical or behavioral reasons**

**The student is able to wear a mask but may require additional mask breaks upon request**

**The student cannot wear a mask but is able to wear a clear face shield**

**Please provide the reason that student cannot wear a mask at school:** \_\_\_\_\_

\_\_\_\_\_  
Licensed Medical Provider Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Principal

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date