



**THE HALTON DISTRICT SCHOOL BOARD
HEALTH INFORMATION IN SUPPORT OF OPTIONAL ATTENDANCE REQUEST**

Parent/Guardian/Adult Student's Consent & Authorization

I consent to the collection, use and disclosure of personal health information from my Registered Health Professional to the Halton District School Board pursuant to the *Personal Health Information Protection Act* and *Municipal Freedom of Information and Protection of Privacy Act* for the purposes of providing educational programming and services pursuant to the *Education Act*. I authorize the Registered Health Professional involved with my son's/daughter's treatment to provide to me this form when completed, containing information about any health related needs/symptoms/limitations/ restrictions requiring accommodation for attendance at a school other than the student's home school. I acknowledge and accept that the Halton District School Board will not be responsible for any costs associated with the completion of this form.

Name of parent/guardian	Signature of parent/guardian	Date	Initial Form <input type="checkbox"/> Follow-up Form <input type="checkbox"/>
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Student's Last Name	First Name	Date of Birth: day month year
Full Address (No., Street, Apt.)	Postal Code	Telephone No.
Student Grade	Student's Home School	Name of School Being Requested Through Optional Attendance

The following information should be completed by the Registered Health Professional

Date of Examination	Is health treatment currently being provided? <input type="checkbox"/> yes <input type="checkbox"/> no
Date of last treatment provided.	Other Comments

The Halton District School Board endeavors to provide a safe environment/ workplace for all students while meeting our mandate under the *Education Act*. In the present case, the student's parent(s)/guardian(s) or adult student is requesting permission to attend a school other than the student's home school in order to accommodate the student's needs.

Please complete the following:

Diagnosis:

Does the student have a medical diagnosis or condition that might impact academic performance and/or safety and wellbeing at school? **yes** **no**
If yes, please describe how academic performance might be impacted:

Optional Attendance

Please describe how optional attendance at a school that is not the student's home school will address the student's needs identified above and/or diagnosis:

Please describe how refusal to provide optional attendance at a school that is not the student's home school will impact the student's needs identified above and/or diagnosis and/or well-being:

Name of Health Care Professional:	Date:
Full Address (No., Street, Apt.):	City: Postal Code:
Phone Number:	Signature: