



Out of Area Transfer Request Health Information Form

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 child'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.

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Name of Parent/Guardian/Adult Student		Date	☐ Initial Form ☐ Follow-up Form
Student's Last Name		First Name	Date of Birth (Day Month Year)
Full Address (No., Street, Apt., City)		Postal Code	Telephone Number
Student's Home School		Grade	School Requested Through Transfer of Schools Process
Signature of Parent/Guardian/Adult Student			

To be completed by the Registered Health Professional:

Date of Examination	Is health treatment currently being provided? ☐ Yes ☐ No
Date of last treatment provided	Other Comments

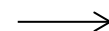
The Halton District School Board endeavors to provide a safe environment/workplace for all students while meeting our mandate under the Education Act. In the present case, the student's parent(s)/guardian(s) or adult student is requesting permission to attend a school other than the student's home school 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 well-being at school? ☐ Yes ☐ No

If yes, please describe how academic performance and/or safety and wellbeing might be impacted:



Transfer of School Request Attendance

Please describe how the student's needs and/or diagnosis can not be supported at their designated home school:

Describe the school conditions that would support these needs. Attendance at a school out of 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	

Personal information is collected on this form in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56, and is collected under the authority of the Education Act, R.S.O. 1990, c. E.2.

Personal information will be used for purposes related to the regular operational requirements of the educational and administrative functions of the Halton District School Board.

For additional information about how the HDSB uses personal information please see the HDSB Statement of Personal Information Practices or, contact your school Principal.