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| STUDENT SURNAME | GIVEN NAME | DATE OF BIRTH | YEAR | MONTH | DAY |
| ADDRESS | | HOME PH # | | | |
| CITY | POSTAL CODE | NAME OF SCHOOL | | | |
| GRADE | PHYSICIAN | | INSURANCE CO. | | |
| PARENT/GUARDIAN NAME | | CELL PH # | | WORK PH # | |
| PARENT/GUARDIAN NAME | | CELL PH # | | WORK PH # | |
| REASON FOR REQUESTING A CERTIFIED SERVICE DOG Explain how you see a service dog being of benefit to your child and what needs will be met. | | | | | |
| Length of time the student and service dog have worked together. | | | | | |
| <p>I/We acknowledge and understand that it is our responsibility to:</p> <ul style="list-style-type: none"> a) Physician letter confirming need for a service dog. <ul style="list-style-type: none"> i) Copy of the Service Dog Team Identification Card. ii) Up-to-date proof of vaccinations, licensing, insurance. iii) Proof of adequate insurance. b) Assume financial responsibility for the Service Dog training, vet care, licensing, etc. c) Participate in a school case conference meeting to inform the principal of all relevant information that may affect our child, other students, staff, and/or visitors to the school. d) Assist the principal to communicate relevant information to the school community. e) Work cooperatively with school staff to make this accommodation a success. f) Organize or cooperate with the District to arrange appropriate transportation. g) Provide the required equipment and dog care items. h) Provide food, water, and "bio-breaks" to the Service Dog as required and remove and dispose of animal waste i) Remove the dog immediately from the school, should the service dog exhibit any unprovoked behaviors (biting, nipping, etc.) until the plan is re-evaluated. | | | | | |
| I/we have read the above information and agree with the above conditions. Further, I/we give permission for information concerning the Service Dog to be shared with the school community. | | | | | |
| Name of Parent/Guardian | | Signature | | Date | |
| FOIP: This personal information is collected under Alberta's Freedom of Information and Protection of Privacy Act and will used only for such purposes. | | | | | |