



# Parent/Guardian Access Request for a Service Dog

Appendix A, AP-424 Service Dogs in School

Student Surname: \_\_\_\_\_ Student Given Name: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Day Phone Number: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Insurance Company/Coverage: \_\_\_\_\_

Reasons for Requesting Access for a Service Dog: \_\_\_\_\_

How do you see a Service Dog being of benefit to your child? What needs of your child do you see being met?

Length of time the student and Service Dog have worked together: \_\_\_\_\_

I/We acknowledge and understand that it is our responsibility to:

- 1) Provide the principal with all required documentation, reports, certificates, including:
  - a) A letter from a physician confirming the student's need for the use of a Service Dog in school is essential and directly related to the learning needs of the student.
  - b) Provide an up-to-date proof of vaccinations, licensing, insurance and liability coverage.
  - c) Provide documentation of Service Dog training and proof of certification by Assistance Dogs International.
- 2) Assume financial responsibility for the Service Dog's training, veterinary care, city/municipality license and other related costs.
- 3) Participate in a school case conference meeting to inform the principal of all relevant information that may affect your child, other students, staff and/or visitors to the school.
- 4) Assist the principal to communicate relevant information to the school community.
- 5) Work cooperatively with the school staff to make this accommodation a success.
- 6) Organize or cooperate with the school division to arrange appropriate transportation.
- 7) Provide the required equipment and dog care items.
- 8) Provide food, water and "bio-breaks" to the Service Dog as required and remove and dispose of animal waste in a safe and environmentally friendly manner.
- 9) Remove the dog immediately from the school should the Service Dog exhibit any unprovoked behaviours (i.e. growling, scratching, nipping, biting, etc.) until the plan is reevaluated to ensure the safety of staff, students and visitors.

\_\_\_\_\_  
*Name of Parent/Guardian*

\_\_\_\_\_  
*Signature of Parent/Guardian*

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