

Parent/Guardian/Staff Access Request for a Service Dog Appendix A, AP-424 Service Dogs in School

Student/Staff Surname:			Student/Staff Given Name:	
Na	me	of School:	Student Grade:	
Stu	ıden	ıt's Parent/Guardian Name:	Day Phone Number:	
Name of Physician: Insurance Company/Coverage:				
				Rea
Но	w d	o you see a Service Dog being of benefit? W	hat needs do you see being met?	
Ler	ngth	of time the student/staff member and Servi	ce Dog have worked together:	
I/W	'e acl	knowledge and understand that it is our responsibility	to:	
1)	Pro	vide the principal/supervisor with all required docume	entation, reports, certificates, including:	
	a)	A letter from a physician confirming the individual's to the learning/working needs of the student/staff m	need for the use of a Service Dog in school is essential and directly related nember.	
	b)	Provide an up-to-date proof of vaccinations, licensing	g, insurance and liability coverage.	
	c)	Provide documentation of Service Dog training and p	proof of certification by Assistance Dogs International.	
2)	Ass	ume financial responsibility for the Service Dog's train	ing, veterinary care, city/municipality license and other related costs.	
3)		articipate in a case conference meeting to inform the principal/supervisor of all relevant information that may affect the individual ther students, staff and/or visitors to the school.		
4)	Ass	st the principal/supervisor to communicate relevant information to the school community.		
5)	Wo	rk cooperatively with the school/division staff to make this accommodation a success.		
6)	Org	ganize or cooperate with the school division to arrange appropriate transportation.		
7)	Pro	rovide the required equipment and dog care items.		
8)		ovide food, water and "bio-breaks" to the Service Dog as required and remove and dispose of animal waste in a safe and avironmentally friendly manner.		
9)		nove the dog immediately from the school should the Service Dog exhibit any unprovoked behaviours (i.e., growling, scratching, ping, biting, etc.) until the plan is reevaluated to ensure the safety of staff, students and visitors.		

Signature of Parent/Guardian/Staff Member

Date

Name of Parent/Guardian/Staff Member