

316-1 Parental Request for Ongoing Student Health Support

| | School Year: 20 to 20 | |
|----------------------------------|---------------------------------------|-------|
| Student's Name: | | |
| Date of Birth: | Grade: | _ |
| I request that | (name of school) | staff |
| provide the following ongoing | health support for my child. | |
| Specifically, I am requesting th | he school provide the following care: | |
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Parent / Guardian (Print)

Parent / Guardian Signature

Date

Approved by:

Principal Signature

Date

The information is collected/disseminated in accordance with Sections 32, 33 and 37 of the Freedom of Information and Protection of Privacy Act.