

This information is being collected pursuant to the provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. Questions about this collection should be directed to the Assistant Superintendent, Curriculum & Learning Services of the Pembina Trails School Division at 181 Henlow Bay, Winnipeg, MB, R3Y 1M7.

1. Reason(s) for the request – identify the need for the Service animal as it relates to the employee or student and describe the manner in which the Service animal will meet the individual’s particular need(s). If more space is needed, please add additional pages.

2. Name of animal: _____

3. I/We understand that it is our responsibility to:

- Provide the Principal with all required documentation, reports, certificates in a timely fashion
- Transport or walk the Service animal to and from school or request school bus transportation, if eligible
- Assume financial responsibility for the Service animal’s training, veterinary care, municipal license and other related costs
- Participate in a school meeting to inform the Principal of all relevant information that may affect our child, other students, staff, and/or visitors to the school
- Arrange for appropriate training of school personnel by a representative of the Service animal training facility
- Assist the Principal to communicate relevant information to the school community
- Work co-operatively with the school staff to make this accommodation a success
- Provide the required food, equipment and Service animal care items

4. I/We understand that if the Service animal exhibits any behaviours (i.e. growling, scratching, nipping, biting, etc.) or health issues (vomiting, diarrhea, open wounds, fleas, ticks, etc.) at school it will be removed until the plan is re-evaluated to ensure the safety of staff, students and visitors.

5. Staff/Student Information:

Staff/Student Name: _____
Date: yyyy mm dd _____
Staff/Parent/Caregivers Home Phone: _____
Address Work Phone: _____
City/Postal Code: _____
Date of Birth: yyyy mm dd _____
Teacher/Class _____
Grade: _____

6. If approved, I/we give permission for relevant information to be shared with the school community and agree to the delivery of letters to the community.

7. I/We understand that the Principal shall preserve the confidentiality of all information received from me/us, and shall not use or disclose the information except as provided for in The Public Schools Act, The Freedom of Information and Protection of Privacy Act or the Personal Health Information Act or as otherwise required by law. I/we consent to the use and disclosure of the information by the Principal to such other school division personnel as may be required for the performance of their duties.

8. I/We acknowledge having received and read a copy of **Exhibit IMG-E-1: Information for Parents/Caregivers Requesting a Service Animal in the School.**

Attachments:

- Letter from physician
- Service Animal Training Documentation
- Animal license
- Vaccinations current
- Confirmation of good health

Signature of Staff/Parents/Caregivers: _____ Date: _____

For Office Use Only:

Request for Certified Service/Therapy Animal: Approved _____ Denied _____

Signature of Principal: _____ Date: _____

Signature of Student Service Consultant: _____ Date: _____

Signature of Assistant Superintendent: _____ Date: _____