



## Medical Accommodation Request Form

*(This document may be subject to independent medical review)*

It is the expectation that all students will comply with the Division's AP 145 Personal Mobile Devices and Access to social media, subject to any medically required exemptions that may arise. AP 145 has been implemented in accordance with the Alberta Government's Ministerial Order 014/2024.

The Division will review and assess all accommodation requests with a view to providing reasonable accommodations for student medical restrictions or requirements, to the extent required by law, while also balancing the goal of a distraction free learning environment.

All medical accommodation requests are subject to independent verification from a physician chosen by the Division.

### INSTRUCTIONS:

1. Parent/Guardian completes Section 1 (student information) and Section 4 (parent authorization).
2. Student's health care professional to complete Sections 2 and 3.
3. Return the completed form to the student's principal.

### SECTION 1: Student Information (application to be completed by student's parent/guardian)

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### SECTION 2: Licensed Health Care Practitioner - authorized by licensing body to diagnose

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

Profession: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you been treating this patient for the medical condition which requires accommodation?

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **SECTION 3: Medical Restrictions Information**

**Golden Hills School Division requires your verification that the above-named student has a medical condition which requires exemption and/or modification of the prohibitions set out in the Division's AP 145 Personal Mobile Device and Access to social media (see attached).**

1. Please identify the specific restrictions or limitations that would prevent and/or limit the student from complying with the requirements of AP-145:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please identify whether the student requires use of a medical assistive device which can only be accessed through their personal mobile device:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please identify whether the student’s medical restrictions could be accommodated by other means (i.e. use of a school provided device or alternative school learning resources). If not, please explain why?

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4. Please provide any additional information that you feel would be pertinent and beneficial to the Division’s consideration and review of this accommodation request:

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**SECTION 4: Authorization for Health Care Practitioner to Release Medical Information**

I hereby authorize the information on this form to be released to Golden Hills School Division

Patient/Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Name: \_\_\_\_\_

*The personal information on this form is collected under the authority of the Alberta Freedom of Information and Protection of Privacy Act for the purpose of addressing a requested medical accommodation. If you have any questions about the collection, use or disclosure of this information, contact the FOIP Coordinator Tahra Sabir, 403-934-5121.*