

Special Apparatus Acknowledgement of Understanding

The Board offers transportation to students within the System, for a number of programs and using a variety of vehicles. For some high needs students, additional measures may be considered to provide safe transportation. This form is to recognize that some vehicles must be adapted in order to provide the safest possible environment.

Student Name:

Telephone:

Address:

School:

Grade:

Age:

Physician

Using an apparatus (seatbelt, buckle boss or 4 point harness) for students is not a standard practice. If in your opinion, this student requires an apparatus, please complete this section, sign and return to your patient.

Due to _____ the above mentioned student should be transported
(specific medical condition)

using the following apparatus: _____ (please specify).

Comments:

Name of Physician:

Phone Number:

Signature of Physician:

Date:

Parent(s)/Guardian(s)

I acknowledge that I understand and agree to the use of the above-noted apparatus to assist in the safe transportation of my child while being transported.

Name of Parent/Guardian:

Date:

Signature of Parent/Guardian:

If this Acknowledgement of Understanding is not signed, the responsibility for transporting the student shall rest with the legal guardian.

Approved Medical Forms are valid only for the current school year. Where the service is required from one school year to the next, a new medical certificate is required. This information is collected under the authority of the Education Act for the purpose of transportation and is retained for one year. It will be retained in the Documentation File of the OSR for the current and previous school years. It is to be used by supervisory officers, the manager and staff of the Student Transportation Services and made available for Ministry of Education officials for audit purposes.

ORIGINAL: OSR COPIES: 1. Special Education Department 2. STSCO

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