



STUDENT MEDICAL EXEMPTION REQUEST

As outlined by the MEES in the Back to School Plan (20-21), attendance is compulsory at both elementary and secondary schools. Some students may be exempt from attendance at their school, if they have a particular medical condition that renders them vulnerable to COVID-19; OR if they live with a family member who is vulnerable to COVID-19. Students attending the Distance Learning will "attend" on a full-time basis with the goal of completing the appropriate grade/cycle level or program competencies. The distance learning model may require parent support, as appropriate.

Parents wishing to request this type of exemption, must complete this form and return with a medical note/certificate (via scan) to wqstudentexemption@wqsb.qc.ca. Alternatively it can be printed and mailed to WQSB (attn. Lisa Falasconi, Director of Complementary Services)

STUDENT'S NAME:	SCHOOL :
PARENT/GUARDIAN NAME:	PRESENT GRADE LEVEL:
PHONE NUMBER:	PROGRAM (REGULAR, MODIFIED, LIFESKILLS):
EMAIL ADDRESS:	IEP: YES/NO (PLEASE CIRCLE)

REASON FOR REQUEST:

THE BASIS OF THIS REQUEST IS: PERSONAL MEDICAL CONDITION/VULNERABILITY
 MEDICALLY VULNERABLE HOUSEHOLD MEMBER

ADDITIONAL DOCUMENTATION INCLUDED: MEDICAL NOTE

A MEDICAL CERTIFICATE MUST BE ATTACHED TO THIS REQUEST FORM.

Please consult with your child's (or the family member's) medical professional to determine if your child's medical needs support the need for an exemption from compulsory physical attendance at school. A medical certificate must be attached. In the case of a family member living with the child, please consult and seek a medical note to support this. (as also noted, you are encouraged to allow your children to return to class in person, if this is possible, to support their wellbeing)

OTHER RELEVANT INFORMATION (PLEASE NOTE ANY OTHER INFORMATION YOU WISH TO SHARE)

I understand that this request is effective for the duration of the pandemic, unless Public Health directives provide new/changes to the current recommendations. Any changes, may require further consideration of the present model of delivery of educational and Complementary Services.

 PARENT/GUARDIAN FULL NAME

 PARENT/GUARDIAN SIGNATURE

DATE:
