

School District _____



Department of Education and Early Childhood Development

Policy 704 - APPENDIX F

REQUEST FOR VARIANCE OF PROCEDURE

After having discussed the importance of having _____
name of student

describe the procedure to be followed (e.g. wear his/her EpiPen® on his/her person at all times, in accordance with the normal school procedure)

I hereby request a departure from this procedure. I agree that

describe the alternate procedure agreed on with the school (e.g. my child's EpiPen® will be kept in an unlocked, appropriately labelled cabinet in the staff room rather than having him/her wear it on his/her person)

Having requested this alternative procedure to be implemented, I acknowledge and accept that this may result in increased risk to my child.

I have read and understood Policy 704: *Health Support Services* (<http://www2.gnb.ca/content/dam/gnb/Departments/ed/pdf/K12/policies-politiques/f/704F.pdf>). I agree to assume the responsibilities required of parents as specified in the policy (with the exception described in this statement), and to cooperate with school personnel to ensure the policy is respected.

Parent: _____
signature

Date : _____
year / month / day

School Principal: _____
signature

Date: _____
year / month / day