
COVID-19 VACCINATION POLICY
Student Accommodation/Exemption Request Form

Student Name:	Contact Number:
Grade:	Email:

I am requesting an exemption from the School's COVID-19 Vaccination Policy ("the Policy") for my child for the following reason:

- Medical Condition Exemption
- Religious/Creed Exemption

If Medical Exemption: please attach a letter from a medical practitioner, which clearly outlines that it is not recommended for your child to be vaccinated, due to a medical condition.

If Religious/Creed Exemption: please attach a letter explaining why you are unable to be vaccinated due to your religion/creed. Please ensure you provide background on your religious belief/creed and connect the religious belief/creed to the reason you are requesting an exemption from the Policy. If possible, please provide supporting documentation published by religious leaders or others practicing your religion/creed.

There is no requirement under the *Human Rights Code* to accommodate a bald refusal to be vaccinated arising from a political belief and/or principals. Political belief, such as the objection to receiving the vaccination on a principled basis, is not a protected ground under the Code.

The School reserves the right to ask for further support of the child's religious belief or creed, including a letter of support from a religious leader, or community.

I have attached supporting documentation: Yes No

Acknowledgment

I acknowledge and understand that if an accommodation and/or exemption from the School's Policy is granted for my child that there are inherent risks, dangers, and hazards ("**Risks**") in my child attending the School's facilities. I acknowledge and understand that all of the potential Risks cannot

be listed in this Acknowledgement. I am aware that the Risks include, but are not limited to, the potential for serious personal injury, death, illness, or symptom related to the spread of the novel coronavirus, SARS – CoV-2, which may result in the contraction of COVID-19, which in turn may involve temporary or permanent health defects impairing an individual's well-being.

I also understand and agree to follow all other School health protocols in place in respect of COVID-19.

Parent/Guardian Signature: _____

Date: _____

For School Use Only:

Approved (include reason):

Not Approved (include reason):

Assistant Head of School's Signature: _____

Date: _____

Head of School's Signature: _____

Date: _____