

## **Administrative Guideline**

Title: **Accessibility Standards for Customer Service**  
**Use of a Support Person by the General Public**

**Effective Date:** 2010/01/01

**Responsibility:** Superintendent of Business

### **Applicable Reference from Accessible Customer Service Policy Statement:**

The Board will welcome all members of the school and broader community to our facilities by committing our staff and volunteers to providing services that respect the independence and dignity of people with disabilities, such service to incorporate measures that include but are not limited to the use of support persons.



means available to allow the person to be on the premises and, at the same time, fulfill the Board's obligations to protect the health or safety of the person with a disability or of others on the premises.

It is further noted that people with disabilities are free to accept a reasonable risk of injury to themselves just as other people do. Different individuals will have a different tolerance for risk. Risk should be weighed against any benefit for the person with a disability. It is not enough that the support person might help to protect health and safety; a support person must be necessary or essential to protect health and safety before you can require one – the risk cannot be eliminated or reduced by other means. Any considerations on protecting health or safety should be based on specific factors and not on assumptions. Just because someone has a disability doesn't mean they're not capable of meeting health or safety requirements.)

**SAMPLE CONSENT FORM**

I, (parent/guardian) \_\_\_\_\_ consent to the sharing of  
confidential information by (name of principal/teacher/other staff member)  
\_\_\_\_\_ related to my child/ward (name)  
\_\_\_\_\_ in the presence of my support person (name)  
\_\_\_\_\_.

My support person (name) \_\_\_\_\_ consents to  
safeguarding the confidentiality of the information shared.

Affirmation of consent:

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

(Printed Name of Parent/Guardian)  
\_\_\_\_\_

I undertake to safeguard the confidentiality of information shared between (school staff) and  
(parent/guardian) for whom I am a support person.

Support Person  
Signature \_\_\_\_\_ Date \_\_\_\_\_

(Printed Name of Support Person)  
\_\_\_\_\_

Signature of Witness –  
Principal/Staff Member \_\_\_\_\_ Date \_\_\_\_\_

(Printed Name of Staff Person)  
\_\_\_\_\_

