



Procedure No. VI-46 (C)

Adopted: February 2, 2010	
Next Scheduled Review: 2026-2027	
Associated Policies & Procedures: I-20 Integrated Accessibility Standards VI-46 (a) Use of Assistive Devices by the General Public VI-46 (b) Use of Service Animals by the General Public VI-46 (d) Accessibility Standards - Notification of Disruption of Service VI-46 (e) Monitoring and Feedback on Accessible Customer Service	

Purpose

This procedure is the Halton Catholic District School Board's commitment to the Ministry of Education in the terms of Accessibility for Ontarians with Disabilities in the areas of information and communications, employment and transportation.

Application and Scope

This procedure applies to all operation policies and procedures in all facilities within the Halton Catholic District School Board (HCDSB).

References

- [Accessibility for Ontarians with Disabilities Act, 2005 \(AODA\)](#)
- [Integrated Accessibility Standards - Ontario Regulation 191/11](#)
- [Ontario Human Rights Code](#)

Definitions

Support Person: A person who is not an employee of the HCDSB and who provides support services to a student or staff person in the system.

Assistive Device: A device or piece of equipment that is used by a person with a disability to make communication, assistance with communication, mobility, personal care, medical needs or with access to goods or services.





Appendix A

This information is collected under the authority of the Education Act and processed in accordance with the Access to Information Act and the Privacy Act, and the Personal Health Information Protection Act, 2004 (PHIPA). Information will be used to administer the Support Person service. If you have questions regarding the collection, use or disclosure of this information, please email cdsb@hcdsb.org.

I, _____, authorize _____
(Print your name) (Print name of the person requiring the information)

to disclose:

my personal health information consisting of:

(Describe the personal health information to be disclosed)

OR

the personal health information of:

(Print the name of person for whom you are the substitute decision maker*)

consisting of:

(Describe the personal health information to be disclosed)

to:

(Print name)

(Address of person requiring the information)

I understand the purpose for
understand that I can refuse to sign this consent form.

(please print)

Address:

Signature:

Date:

Witness Name: (please print)

Address:

Signature:

Date:



** Please refer Authority to decision

April 2024



Appendix B

This information is collected under the authority of the Education Act and managed in accordance with the Municipal Freedom of Information and Access to Information Act, 1985 and the Personal Information Protection Act, 2004 (PIIPA). Information will be used to administer the Support Person service. If you have questions regarding the collection, use or disclosure of this information, please email _____.

I, _____
(Parent/guardian) _____
(Principal/teacher/other staff member)
_____ in the presence of my support person _____
(name of child) _____ (name)

My support person _____