



**APPENDIX A:
Documentation of Medical
Consultation**

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**Parent/Guardian Parent Verification of Medical Consultation - John McGivney School
Authority (JMSA)**

This form is to be completed for all JMSA students prior to school entry in September, 2021.

I am the parent/guardian of _____ (child's name). I hereby verify that I have consulted with my child's medical practitioner during the summer of 2021, regarding the safety of a return to school for my child, given my child's unique health circumstances and risks associated with COVID-19.

Based on consultation with my child's medical practitioner:

___ It has been determined that my child will be attending school in September and will be participating in classroom learning activities at JMSA School.

___ It has been determined that my child will not be attending school in September and will not be participating in classroom learning activities at JMSA School.

Parent/Guardian signature: _____

Date: _____

Comments
