

ERV Student Requirement Exemption Form



Member School:			
Student Name		Student #	
Student Program			

The student noted above is exempt from the following placement requirements:			
Exemption 1		Additional Notes:	
Exemption 2		Additional Notes:	
The exemption/s will be extended for:		The exemption/s will be extended for:	
<input type="checkbox"/> For the remainder of the program <input type="checkbox"/> Conditional Pass Until: Date: ____ / ____ / ____ (DD/MM/YYYY)		<input type="checkbox"/> For the remainder of the program <input type="checkbox"/> Conditional Pass Until: Date: ____ / ____ / ____ (DD/MM/YYYY)	

Student Acknowledgment	
I understand and accept that, given my inability to meet my program placement requirements deemed necessary by my school and the respective placement setting, I may be at a greater risk of contracting potentially life-threatening illnesses while participating in my placement. My school and/or Synergy Gateway Verified Inc. will not be responsible for my decision to proceed to a placement without my satisfactory completion of the required placement requirements. I also understand that my placement setting may decline my request for placement and may lead to consequences up to and including the inability to complete the placement requirements for my program. As a result, I acknowledge and assume total responsibility if any of these consequences occur.	
Student Signature:	Date:

Administrator / Placement Coordinator to read and sign if providing an exemption:	
I acknowledge that I am authorized to provide the above-noted student with exemption(s) as they relate to the program requirements outlined by the placement sites and the school.	
Administrator Name:	
Administrator Signature:	
Date Submitted:	

If you have any questions, please contact your school administrator or placement coordinator