

# Statement of Accountability

Name (please print) \_\_\_\_\_

Official position and/or title \_\_\_\_\_ Date: \_\_\_\_\_

I confirm my belief that the wireless technology (Wi-Fi) that has been proposed and approved for installation (or has been installed) in \_\_\_\_\_ School is, in my informed opinion, safe for human health.

- I have been informed of the research indicating that serious biological harm can result from the radiation emitted from this kind of wireless communication system.
- I realize that the “safe levels” described in Health Canada's Safety Code have been shown to cause significant damage to human cells.
- I am aware that the World Health Organization has listed non-ionizing radiation as a physical carcinogen under “External Agents” and risk factors for childhood cancer.
- I am aware that this wireless communication technology was never pre-market tested for safety; that there has been no government or industry post-market surveillance; and that the government safety standards are based, not on biological effects, but on effects of thermal exposure only.

In light of the above, I remain confident that there are no significant health risks with this technology to any adult, child, or animals within \_\_\_\_\_ of this wireless system. *(please state the proven safe distance)*

*If you have, or have seen, a signed assurance of the **safety** of radio frequency electromagnetic radiation emitted by your wireless internet technology (known as Wi-Fi) from a medical expert with recognized expertise in the area of health effects of wireless communication systems, please list their names and credentials here:*

\_\_\_\_\_

The main reason(s) I have recommended that this installation be implemented (or continued) is: \_\_\_\_\_.

The main reason I do not advocate the fibre optic cable or other installation that has been suggested as a safer solution is \_\_\_\_\_.

I verify that any adverse health effects at \_\_\_\_\_ School attributed to this Wi-Fi will be covered by our insurance policy, provided by \_\_\_\_\_ *( insurance provider)*

Signature \_\_\_\_\_

Witnessed by: \_\_\_\_\_