

AP 652 FORM – MEDICAL CERTIFICATE

Parent Authorization:

I consent to the release of the following information regarding my child _____
to Light of Christ Catholic Schools.

Parent/guardian signature _____ Date _____

NOTE TO PHYSICIAN: (This Medical Certificate must be completed by a doctor who is a licensed member of the College of Physicians and Surgeons of Saskatchewan.) The above-named child is a student in our school division. We understand that you have attended to this child with regard to his/her medical condition. We further understand that the child has medical restrictions which may require accommodation. A request has been made for a service dog to attend during class time to support him/her.

The Board of Education is committed to working with our students to accommodate disabilities which might affect their access to education and would appreciate any help you can provide in this regard. Please complete the following and return this Medical Certificate to our office as soon as possible.

Thank you for your anticipated cooperation.

_____ (enter child's name)

Date of first visit regarding present medical condition: _____

Date of most recent visit: _____

Please describe in detail the student's medical restriction(s) and specifically how a service dog will address the medical restriction and support the student at school.

Medical Restriction	How the service dog will address this restriction
a.	a.
b.	b.
c.	c.
d.	d.

Explain why the service dog is the preferred intervention. For example, explain how the service dog can address the medical restriction(s) more effectively than a person could.

Please identify any specific procedures that the student may require at school:

Procedure	Frequency	Time(s)	Details

Can any of the above procedures NOT be done by a non-medical professional trained to do the procedure? Please explain.

Is the child taking any medication which must be administered during the school day (between 8:30 a.m. and 3:30 p.m.)? Yes _____ No _____

If yes, please list:

Name of Medication	Dosage	Time(s)

Please provide any additional information that you feel would be pertinent and beneficial to support Light of Christ Catholic Schools with a decision regarding the request for a service dog to support this student during the school day.

Name of Physician (please print) _____

Signature of Physician _____

Date: _____