

Child's Medical Certificate

Parents please note: The cost of this medical examination is not covered by Saskatchewan Health Insurance. You may therefore be billed directly for the service. *I consent to my child's personal health information being disclosed by the facility to the Ministry of Education, where necessary.*

(Parent signature)

This certificate is being requested on behalf of a child care facility. Facilities include child care centres and child care homes.

Please indicate on this certificate any pertinent medical information which the child's caregiver should know in order to provide for the child's health and well being.

Child's name: _____

Address: _____

Parent or guardian's name: _____

Please list any serious illnesses, disabilities, limitations and/or developmental concerns: _____

Please list any known allergies: _____

I have carried out a complete examination of the above named child and consider the child:

- to be in a state of health that **is appropriate** to his/her being cared for in a child care facility
- to be in a state of health that **is not appropriate** to his/her being cared for in a child care facility

Comments:

Physician's name: _____ Telephone: _____

Address: _____

Physician's signature: _____ Date: _____/_____/_____
Year Month Day