Administrative Procedure 309 - APPENDIX C

MEDICAL CERTIFICATE

(Date)

CONFIDENTIAL

Dear Dr. ______________________________

Re: __________________________________ (student's name)

(Name) is a student in our school division. We understand that you have attended to (Name) with regard to his/her medical condition. We understand that (Name) has medical restrictions that may require accommodation. A request has been made for a service dog to attend during class time to support (Name).

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. To assist you to provide the medical information that we require, we have prepared the attached medical certificate.

We ask that you complete the attached form and return it to our office as soon as possible.

We thank you for your anticipated cooperation.

Sincerely,

Superintendent of Education

1. Parent Authorization

Student Name:
PARENT AUTHORIZATION I consent to the release of the following information to Lloydminster Public School Division. The following information is required to assist Lloydminster Public School Division with a decision regarding the request for a service dog to support ________________________________ during the school day. Parent Signature: ____ Date: _________________________

2. Date on which you first examined _________________________ (student's name)
   i. Date of first visit: __________________________
   ii. Date of most recent visit: ____________________

3. 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.

Description of Medical Restriction(s)	How the service dog will address the medical restriction(s)
a.	a.
b.	b.
c.	c.
d.	d.

4. 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 school staff member.

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

Procedure	Frequency Required	Time(s)	Details	Can a non-medical professional be trained to do the procedure?
				Yes ___ No ___
				Yes ___ No ___
				Yes ___ No ___
				Yes ___ No ___
				Yes ___ No ___

6. Is the student taking any medication which must be administered during the school day (between 8:30 am and 3:30 pm)? Yes ___ No ___

   If yes:

Name of Medication	Dosage	Time(s)

7. Please provide any additional information that you feel would be pertinent and beneficial to support Lloydminster Public School Division with a decision regarding the request for a Service Dog to support this student during the school day.

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Name of Physician (please print): ______________________________

Signature of Physician: ______________________________

Date: ______________________________