

Child's Medical Certificate



Ministry of Health Services

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 Tā d'Ā-Cā &ā, 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

