SERVICE DOG MEDICAL CERTIFICATE FORM

(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. A self-addressed stamped envelope is included for your convenience.

We thank you for your anticipated cooperation.

Sincerely,

Superintendent of Student Support Services

Medical Certificate – Service Dog Application Form

1. Parent Authorization

Student Name:

PARENT AUTHORIZATION

I consent to the release of the following information to Saskatoon Public Schools. The following information is required to assist Saskatoon Public Schools 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_____(enter students' 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.

_____

_____

_____

_____

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

6. Is the student taking any medication which must be administered during the school day (between 8:30 a.m. and 3:30 pm)? Yes or 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 Northwest School Division 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: _____