



**FRONTIER SCHOOL DIVISION
AUTHORIZATION OF EMPLOYEE**

TO: _____
(Medical Practitioner)

I _____ hereby consent to having the information as outlined in the Medical Practitioner's Report, requested under Policy E.1.G, Medical Fitness, provided to the Director, Human Resources, Frontier School Division.

(Employee Signature)

(Date)

(Witness)

(Date)

Adopted September 1, 2009		
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