EC13 Medical Certificate to support application for exemption from absence rule for Special and/or Health Needs





What is this form for?

This form is used to document medical reasons that support an agreement between parents/guardians and an Early Childhood Service for an exemption to the absence rules.

Who should fill in this form?

This form should be completed by a registered medical practitioner.

What to do with the form once it is completed

The form must be returned to the named Early Childhood Service. The service must attach it to the EC12 which documents the agreed absence rules exemption.

Name						
Name of Early Childhood S	Service					
Diagnosis:						
Reason why the medical condit	tion prevents this child from	attending an early	childhood service for an ex	tended period	or on a	regular basis.
On these grounds I consider the	at this child either <i>(tick all the</i>		(State time period)			
And/or may not be able to re	egularly attend the early child	dhood service for:	(State time period)			
Privacy Statement (Privacy Act 2020)					
The information on this for childhood service to which irregular attendance on the Declaration	h this application appli	es for the purpo	se of continued fundi			•
I certify that, to the best o	of my knowledge, the in	formation conta	ined on this form is tr	ue and corr	ect in e	every partic
I certify that, to the best o	of my knowledge, the in	formation conta	lined on this form is t	ue and corr	ect in e	every partic
-	of my knowledge, the in		e (block letters)	rue and corr	rect in e	every partic