



## Early Learning Scholarship Program Medical Exemption Policy

*Form*

*Medical Condition Documentation*



## Medical Condition Documentation Form

Purpose:

One of the following people from this list must complete the information under authorized signer instructions.

Physician       Psychiatrist       Public Health Nurse       Physician's Assistant

Psychologist       School Nurse       Nurse Practitioner       Chiropractor

Early learning program director, coordinator, owner/operator, or lead teacher (only if the child was sent