



**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		
---------------------------	--	--