

Nicola Valley Institute of Technology

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MEDICAL RELEASE AUTHORIZATION Aboriginal Early Childhood Education Program

PERSONAL INFORMATION OF APPLICANT

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth (YY/MM/DD) ___/___/___ Email address: _____ Phone: (____) ____ - ____

Address: _____

APPLICANT AUTHORIZATION

I, _____, hereby authorize Dr. _____ to release, to the Nicola Valley Institute of Technology (NVIT), any information s/he may deem relevant in evaluating my suitability as a Child Care provider.

Signature of Applicant: _____ Date: _____

PHYSICIAN INFORMATION

The above named applicant has applied for admission to NVIT's Early Childhood Education program. Participation in the program will require the applicant to be:

- Physically fit to withstand long periods of time on their feet;
- Physically fit to physically interact with children, and;
- Emotionally stable and mature enough to care for young children.

Please fill out the attached Medical Reference Form, ensuring the above mentioned criteria will be met. Upon completion please submit the form to NVIT.

Office Use Only

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