



Medical Leave of Absence Request – Currently Enrolled Children of UBCCCS

Children who encounter an extenuating health condition that significantly interferes with their ability to safely attend child care may be eligible to request a temporary medical leave of absence for a minimum of two months up to a maximum of 12 months. Such requests must be accompanied by supporting documentation from the child’s treating physician.

The child’s legal guardian must complete the request for a medical leave of application below. The application date of the request will be the day it is received by the Director, as per below. Please note that one full month’s notice will be required for an application unless the health condition precludes such notice, or the Director determines otherwise. As with any application, the request does not guarantee that child care will be available when the child is ready to return from their leave. When the leave of absence is over, or if they child wishes to return earlier, the original date of the child’s waitlist application will be used to determine the next available offer for care.

All decisions made with respect to requests for medical leaves of absence will be made by the Director.

Please forward a completed application and supporting documentation to Karen Vaughan, Director, UBC Child Care Services (karen.vaughan@ubc.ca) or contact her directly if you have any questions about your situation.

Date:	Primary Guardian’s Name:
Child’s Name:	Email/Phone:
Child’s Date of Birth:	Date of Withdrawal from Current Care:
Child’s Current Centre:	Requested Return Date:

Reason for Medical Leave Request:

Primary Guardian’s Signature: _____

Child Care Services Section:

Date Received: Supporting Medical Attached (required): <input type="checkbox"/> Yes <input type="checkbox"/> No Received by: Signature:	Date of Approval: Director Signature: Comments:
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