

## MIAMI DADE COUNTY PUBLIC SCHOOLS MEDICAL CERTIFICATION RELEASE FORM FOR ILLNESS OF A FAMILY MEMBER

In order to determine your eligibility for protected family medical leave under the Family Medical Leave Act (FMLA), applicable Board policy and/or collective bargaining agreement, Miami Dade County Public Schools (M-DCPS) requires specific information from your ill family member's health care provider. Please have them sign the Authorization to Release Information below giving their provider permission to release information to M-DCPS. This certification must be returned to the Leave Office within 15 days of the request for leave.

## **Employee Complete This Section (Please Print or Type):**

Name:		
(Last)	(First)	(Middle Initial)
Employee Number:		
Family Member Information		
Patient Name:		
	Name Of Family Member The E	Employee Is Caring For
Relationship to Miami Dade County Sch	100I Board Employee:	

**AUTHORIZATION TO RELEASE INFORMATION:** I authorize the Leave Office and/or healthcare representative for Miami Dade County Public Schools to contact my health care provider for purposes of verification, clarification and/or authentication of medical documentation submitted to Miami Dade County Public Schools. I understand the reason for this medical certification is to determine my family member's eligibility for medical leave under state, federal regulations, applicable School Board policy and/or collective bargaining agreement.

This release will remain in effect until terminated by me in writing to the Leave Office.

Patient Signature:

Date:

SIGNATURE OF PATIENT FAMILY MEMBER SIGNATURE

Employees on leaves of absence receive Board Paid benefits. Our medical consultant may contact you to discuss the diagnosis and confinement period.