



4424 NW 13th Street A5
Gainesville, FL 32609
Phone 352-375-4110
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Physician Maternity / Medical Leave Form

Date: ____/____/____

To Whom It May Concern:

Your patient, _____, is currently receiving child care assistance from the Early Learning Coalition of Alachua County. The following information is needed in order to continue providing services:

Patient's leave date: _____

Patient's expected due/delivery date: (if applicable) _____

Expected length of recovery: _____

If medically released, date parent expected to return to normal work routine: _____

Signature of Physician

Date

Physician/Clinic Name and Phone Number
(Company Stamp Here)

NOTE:
If Physician's office does not have a company stamp, all information on this form must be put on company letter head and signed by the Physician only.

Sincerely,
Eligibility Department
Early Learning Coalition of Alachua County