

Absentee Forms

MEDICAL EXCUSE FORM

This form is only requested for students who have accumulated ten (10) medically excused absences for the current school year.

Student Name: _____

I hereby authorize this health care provider to release the information requested on this form for my child listed above. _____
Parent or Guardian Signature

Date of Appointment: _____

Time of Appointment: _____ Time In: _____ Time Out: _____

What portion of the school day should be excused for this medical visit?

All Day _____ Time of appointment plus travel time _____

Comments _____

Homebound services are available by order of a licensed physician, ARNP, psychologist, psychiatrist, chiropractor or public health officer for any student who is expected to be out of school five (5) days or more. Homebound applications and Professional Statements are available through the school office.

**This student may return to school on _____
(Date)**

Medical Provider Signature: _____

Telephone Number of Provider: _____