

Absentee Forms

MEDICAL EXCUSE FORM

(This form required only after 10 regular medically excused absences)

Student Name _____ Date of Birth _____

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 _____ Total number of absences _____

Time of Appointment _____ Time In _____ Time Out _____

Reason for Appointment (i.e. routine office visit, follow up visit, orthodontist, dentist, emergency, tests)

Was it medically necessary for this student to be absent on date of appointment?

Yes ___ No ___ Comments _____

If no, would student have missed all day due to office location, etc.? Yes ___ No ___

Will this student need to be absent more than one (1) day? Yes ___ No ___

If yes, how long? _____

(If this student will be out for five (5) days or longer, please complete a homebound application.)

This student may return to school on _____

Date

Health Care Provider Name _____

Address _____

Phone _____ Fax _____

Signature of Physician/ARPN _____

Date _____

Note: Students in The Campbell County School District will be allowed up to six (6) absence events to be excused with a written parent note for the entire year. Campbell County Schools will excuse up to ten (10) absence events with doctor/medical excuse/note. Any absence event due to medical reason in excess of ten (10) will require the presentation of The Campbell County Schools' Medical Excuse Form before the absence will be excused. The form will be available at each school, central office and some medical facilities upon parent request.

Review/Revised:7/14/14