

**Medical Excuse Form**

*(This form required only after ten (10) regular medically excused absence events.)*

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

<p>I hereby authorize this health care provider to release the information requested on this form for my child listed above: _____</p> <p style="text-align: center;">Parent or Guardian signature</p>
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Date of Appointment: \_\_\_\_\_

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 day? Yes \_\_\_\_ No \_\_\_\_

If yes, how long? \_\_\_\_\_

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

This student may return to school on: \_\_\_\_\_ Date

Health Care Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Signature of Heath Care Provider: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** Students in Greenup County Schools will be allowed up to five (5) absence events to be excused with a written parent note for the entire year. Greenup County Schools will excuse up to ten (10) absence events with a health care provider note. Any absence event due to medical reasons in excess of ten (10) will require the presentation of the Medical Excuse Form before the absence will be excused. The form is available at each school, central office and the District website.

Review/Revised:05/20/13