

# Medical Excuse Form

## Monroe County Schools

309 Emberton Street Tompkinsville, KY 42167  
Phone: 270-487-9100 Fax: 270-487-5571

(This form required only after student has turned in 10 medically excused absences.)

Student's Name \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was it medically necessary for this student to be absent the ENTIRE day on the date of the appointment? Yes\_\_\_ No\_\_\_ Comments \_\_\_\_\_

Would it be medically possible for the student to return to school right after the appointment? 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 days or longer, please complete a homebound application.)

This student may return to school on (DATE) \_\_\_\_\_.

### Health Care Provider Information:

Name and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature of Physician/ARNP \_\_\_\_\_

Date \_\_\_\_\_