

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 (ie. 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: _____