

Medical Excuse Form XMA8 Bath County High School

645 Chenault Drive
Owingsville, Kentucky 40360
Phone 606-674-6325 / Fax 606-674-9188



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

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

IMPORTANT NOTE: The above child has missed ten (10) or more school days already this year due to medical absences. In order to keep our students in school as much as possible and ensure a quality education for our students, we ask that the doctor or ARNP complete this form and return it to the school with the student. A regular excuse will not be accepted for this student due to excessive medical absences that have already occurred.

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 ten 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/ARNP _____

Date _____

Rev. 6/2008

Return this completed form to the Bath County High School Attendance Office.