

Medical Excuse Form
Marshall County Board of Education
86 High School Road, Benton, KY 42025

Fax numbers: Benton Elem. 270-527-5995, Calvert Elem. 270-395-4027, Central Elem 270-527-7713,
Jonathan Elem. 270-354-5262, MCHS 270-527-0578, NMMS 270-395-5449, Sharpe Elem. 270-898-2972,
South Elem. 270-527-7757, SMMS 270-527-7616

(This form required after 10 absences from school.)

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 _____

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 more than five days, please complete a homebound application.)

This student may return to school on _____ Date

Health Care Provider Name _____

Address _____

Phone _____ Fax _____

Signature of Physician/ARNP/PA _____

Date _____

Note: All student absences should be excused absences. Students in Marshall County Schools will be allowed up to six (6) absence events (full or partial days) to be excused with a written parent note or parent call-in for the entire year. Any absences for sickness after that will require a valid doctor's excuse. All absences in excess of ten (10) will require the Marshall County Schools' Medical Excuse Form to be filled out and returned to the school before the absence will be excused. The form will be available at each school, central office and some medical facilities upon parent request.