

Mercer County Medical Truancy Prevention Form

This form is required ONLY after ten (10) medically excused absences or tardies. This form needs to be completed and turned in on the day of the student's return to school. There is a 5-day grace period to submit the documentation, but after five (5) days, it will be counted as unexcused. ***PARENTS/STUDENTS– PLEASE TAKE THE STUDENT'S ATTENDANCE PROFILE TO THE DOCTOR WITH YOU SO IT MAY ASSIST THE PHYSICIAN IN DETERMINING HOW MUCH THE ILLNESS & RELATED ABSENCES ARE IMPACTING THE CHILD'S REGULAR ATTENDANCE IN SCHOOL.**

Student Name: _____ Date of Appointment: _____

Time of Appointment In: _____ Time Out: _____ Is this student regularly seen in your office? Yes No

Reason for Appointment (check only one):

Routine Office Visit Follow-up Visit Orthodontic Dental Vision Emergency Tests

Was it medically necessary for this student to be absent the entire day for the appointment? Yes No

If no, not would the student have missed all day due to office location, etc.? Yes No

Date student may return to school: _____

***If the student is to be absent five or more consecutive days, please complete a homebound application.**

Did the student /parent bring the students' attendance profile for you to review? Yes No

*If so, please initial the attendance profile form.

Will the student have re-occurring follow-up appointments in your office that will require the student to miss school (ex: weekly counseling visits, monthly orthodontist visits, etc.)? Yes No

If yes, how frequently and for what duration of time:(ex: 1st Thursday of each month or every two weeks for 9 months) _____

Health Care Provider's Name: (PRINT) _____

Health Care Provider Address: _____ Phone: _____

Health Care Provider/Physician/ARNP Signature

Date

Release of Information: I hereby authorize this health care provider to release the information requested on this form for my child listed above. I understand that this is a reciprocal release between the medical health care provider listed below and Mercer County School employees share educational information regarding school services (special educational services, 504 plans, G/T records, psychological testing, counseling issues, etc.), absences, grades, behavior, and medical information that are related to school absences in the hopes of preventing chronic absenteeism and improving school attendance. The information shared between the school and medical health care provider will remain confidential between the two parties unless the information is pertinent to the student's educational services, the safety of the student listed, or others.

***Parents: Please schedule re-occurring appointments after school hours. If this is not possible, please make us aware of the dates/times of appointments and we may be able to adjust your child's schedule to minimize the effect on their learning.**

Parent Signature

Date

Principal Review & Signature

Date