

**Absentee Forms**

**MEDICAL EXCUSE FORM**

**This form is required ONLY after ten (10) medically excused absences or tardies.**

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

Date of Appointment: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

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 on date of appointment?

- Yes       No

If no, would student have missed all day due to office location, etc?

- Yes       No

Will student need to be absent more than one (1) day?

- Yes       No

If yes, how long? \_\_\_\_\_

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

This student may return to school on \_\_\_\_\_  
Date

Health Care Provider \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider/Physician/APRN

\_\_\_\_\_  
Date