



PHYSICIAN FORM FOR A REQUESTED EXTENSION OF PARENT NOTES TO EXCUSE ABSENCES

Date: _____

Physician's Name: _____ Phone Number: _____

Address: _____
Street City State Zip

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____
Street City State Zip

School Name: _____ Phone Number: _____ Fax _____

Address: _____
Street City State Zip

PHYSICIAN SECTION:

Dear Physician:

The parent or guardian of the above named student has requested an extension to the Henry County Public Schools' Board Policy that limits the number of days a parent can sign an excused note for a child's illness. After a total of five (5) cumulative absence events due to illness, parents are required to present a written statement from a medical professional (doctor, dentist, psychologist, etc.) for additional absences during the current school year to be excused. Due to a long-term medical condition being experienced by the child, an extension for the number of days the school will accept parental written notes is being requested by the parent/guardian. Please check the extension that is appropriate for this student based upon your professional judgment of how the student's illness affects school attendance. The attached form contains a permission form signed by the parent/guardian allowing you to provide us information regarding his/her child.

10 DAY EXTENSION 20 DAY EXTENSION OTHER _____

COMMENTS:

PHYSICIAN SIGNATURE: _____ PRINTED NAME: _____



PARENT/GUARDIAN REQUEST FOR EXTENSION OF PARENT NOTES FOR EXCUSED ABSENCES

Date: _____ **Phone:** _____

School Name: _____

Student Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____

Address: _____
Street City State Zip

Physician's Name: _____

Address: _____
Street City State Zip

Phone Number: _____ **Fax Number:** _____

The physician's Fax Number Must Be Included

I, as parent or guardian of _____, authorize and approve the
Student's Full Name

release of medical information concerning my above mentioned child as it relates to my request for an extension of the Henry County Public Schools' attendance policy stating that after a total of five (5) cumulative absence events due to illness, parents are required to present a written statement from a medical professional (doctor, dentist, psychologist, etc.) for additional absences during the current school year to be excused.

Parent/Guardian Signature: _____

Typed or Printed Name: _____

COMPLETE THEN MAIL OR FAX TO YOUR CHILD'S SCHOOL



PRINCIPAL FORM FOR AN EXEMPTION OF PARENT NOTES TO EXCUSE ABSENCES

Date: _____

Student Name: _____ **Date of Birth:** _____

School Name: _____

Principal Name: _____

I am granting an exemption from Board Policy, which requires after a total of five (5) cumulative full day absences due to illness, parents are required to present a written statement from a medical professional (doctor, dentist, psychologist, etc.) for additional absences during the current school year to be excused, based on the severe medical condition of the above named student for the current _____ school year. This exemption applies to the current school year only and must be reviewed each year.

By granting this exemption, I understand this allows the parent/guardian to sign _____ parent notes for the student's illness during this school year.

COMMENTS:

PRINCIPAL SIGNATURE: _____

INSERT IN THE STUDENT'S PERMANENT RECORD