

Medical Excuse Form
Bowling Green City Schools

(This form required after 7 doctor notes have been used)

Student Information (completed by parent/guardian)

Student Name: _____ Date of Birth: _____

Date of Appointment: _____ Time of Appointment: _____

Reason for Appointment: _____

I hereby authorize this health care provider to release information requested on this form for my child listed above:

(Parent or guardian signature)

The following is to be completed by a Medical Professional:

Date: _____ Time In: _____ Time Out: _____

Was it medically necessary for the student to be absent on the date of the appointment? Yes _____ No _____

Comments: _____

Was it necessary for the student to have missed all day due to office location, illness, nature of treatment?

Yes _____ No _____ Comments: _____

Will this student need to be absent more than one day? Yes _____ No _____

If yes, how many days will student be absent? _____

(NOTE: If the student will be out for more than (5) consecutive days, please complete a homebound application)

The student may return to school on (date): _____

Health Care Provider Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Signature of Physician/ARNP

Date