

**Attendance Forms**

**Medical Excuse Form**

**Student Information (completed by parent/guardian)**

Student Name: \_\_\_\_\_

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

Reason for Appointment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Parent or Guardian Signature

**The following is to be completed by a Medical Professional:**

*The above named student has exhausted his/her use of parental notes and doctor's notes (10 combined per year) for this school year. As a result, Trigg County Schools requires medical verification for the following information.*

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Was it medically necessary for this student to be absent on date of appointment?

Yes  No Comments: \_\_\_\_\_

Was it necessary for the student to have missed all day due to office location, illness, nature of treatment, etc.?  Yes  No

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

If Yes, how long? \_\_\_\_\_

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

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

**HEALTH CARE PROVIDER**

Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature of Physician/APRN: \_\_\_\_\_

Date: \_\_\_\_\_