

# Brownsville ISD

## Physician Certification of Serious or Life-Threatening Illness

Texas Education Code 25.087

(b) A school district shall excuse a student from attending school for:

3. an absence resulting from a serious or life-threatening illness or related treatment that makes the student's attendance infeasible if the student or the student's parent or guardian provides a certification from a physician licensed to practice medicine in this state specifying the student's illness and the anticipated period of the student's absence relating to the illness or related treatment.

Student Name:			
Student Date of Birth:		Grade	Student ID
Campus:			
Parent Name:			
Parent Phone Number:		Parent Email:	
Address:			

*By signing below, I certify that the named student is experiencing a serious or life-threatening illness as specified or related treatment to that specified illness, that makes attendance at school for any part of the day infeasible for the anticipated period specified. I further certify that I am licensed to practice medicine as a physician in the State of Texas.*

Student's Illness:	Student's diagnosis: _____  1. Student has been admitted full-time to _____ (list hospital/facility name) 2. Partial Hospitalization Program (PHP) under the physician's care listed below. Student will be in the program _____ (list days- i.e. M-F) and _____ (list times- i.e. 9:00-3:00) of PHP, receiving intensive individual, group, and family therapy along with being seen weekly by the physician.
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Dates below are the period of anticipated infeasibility of school attendance:

**\*\*\*Please note- Student is unable to attend school for any part of a day during this period**

When student first became unable to attend school <i>(Facility Admission Date):</i>	<i>(date)</i>	When student is anticipated to be able to return to school <i>(Anticipated Discharge Date):</i>	<i>(date)</i>
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Physician: <i>(Printed Name)</i>	Texas Medical Board Issued License:
Physician Signature:	Date:
Physician Office Phone Number:	Physician Office Address:

\*\*\*\*\* FOR SCHOOL OFFICE USE ONLY \*\*\*\*\*

Received by BISD Administrator or counselor: <i>(Printed Name)</i>	Title:	
Campus:	Signature:	Date:
<b>Note: MCI</b> Attendance code must be used for this reason.	Attendance Clerk Signature:	Date Entered

Copy given to BISD attendance clerk

Electronic copy emailed to BISD PEIMS – jnr@bisd.us