

Attendance Forms

Medical Excuse Form

Any and all absent events, in accordance with policy 9.123, due to a medical reason in excess of ten (10) days will require the presentation of this Medical Excuse Form before the absence is excused. The Hart County School District reserves the right to accept/deny a doctor note if the form is not completed fully, in a timely manner, and without sufficient diagnosis information.

Student Name _____ **Date of Birth** _____

I hereby authorize this health care provider to release the information requested on this form for my child listed above. _____
Parent or Guardian signature

Time of Appointment _____ **Time In** _____ **Time Out** _____

Reason for Appointment Reason of Appointment (check only one)

- Current Injury/Illness Routine Office Visit Follow-up Visit Orthodontic
- Dental Vision Emergency Tests
- Other _____

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

Yes ___ No ___ **Comments** _____

If no, would student have missed all day due to office location, etc.? Yes ___ No ___

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

If yes, how long? _____

(If this student is to be absent six (6) or more consecutive days, please complete a Home/Hospital application. Please call Hart County Board of Education to have an application faxed to you.)

This student may return to school on _____ **Date** _____

Health Care Provider Name _____

Address _____

Phone _____ **Fax** _____

Signature of Physician/ARNP _____

Date _____

5/16/2024