



2552 Route 6  
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# WALLENPAUPACK AREA SCHOOL DISTRICT

**Keith Gunuskey**  
Superintendent

**Jay Starnes, Ed. D.**  
Assistant Superintendent

**Kerriann Horan**  
Business Administrator

**Lindsey Shaheen**  
Board Secretary

## STUDENT MEDICAL EXCUSE FORM

**Directions:** This form must be completed and signed by a certified/licensed medical doctor, CRNP or PA-C. Scripts or generic forms from physician's offices will not be accepted. If any sections of this form are left blank, the form will not be accepted.

**Student's Name (print):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date of Appointment:** \_\_\_\_\_ **Time of Appointment:** \_\_\_\_\_ AM / PM

Was the student examined by a certified/licensed physician, CRNP or PA-C?

Yes  No

I certify that the above named student was unable to attend school on the following date(s) due to health issues:

**Date(s)** \_\_\_\_\_

**AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **Entire School Day** \_\_\_\_\_

**Health Care Provider Name and Title [or use office stamp]**

\_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Signature of Physician, CRNP, PA-C**

\_\_\_\_\_

**Date:**

\_\_\_\_\_