

Millsap ISD

Physician Statement for Serious or Life-threatening Illness



Student's Legal Name: _____

Date of Birth: _____ **Student ID:** _____

If a student is absent from school as a result of a serious or life-threatening illness or related treatment that makes *attendance infeasible*, documentation may be provided from a healthcare professional licensed, certified, or registered to practice in the state of Texas that will allow for those absences to be excused appropriately.

This also pertains to students with a mental health or substance abuse condition being treated in an outpatient or partial hospitalization program. **A discharge summary from the treatment facility must be provided and include treatment admission and discharge dates.*

The following information is required per the TEA Student Attendance Accounting Handbook. Millsap ISd will need ALL information below to consider potential changes to the student's attendance records. Thank you for your assistance.

I certify that I am acquainted with the patient noted above and the facts stated herein. <i>*This section is to be completed by a medical provider.</i>	
Specific Illness or Diagnosis:	
Reason for Absences Related to Illness and/or Treatment Plan:	
Dates for consideration (this can be individual dates or a span of time):	
Additional Comments:	

Doctor's Name (print): _____

Phone Number: _____ **Date:** _____

Doctor's Signature: _____

Millsap ISD DISTRICT USE ONLY:

☐ **APPROVED** (dates): _____

☐ **DENIED** (explain): _____

PEIMS Administrative Signature: _____