



# SANGER INDEPENDENT SCHOOL DISTRICT

601 Elm Street, Sanger, Texas 76266

Telephone: 940.458.7438 Fax: 940.458.5140

## CERTIFICATION OF EXCUSED ABSENCE DUE TO SERIOUS OR LIFE-THREATENING ILLNESS

Pursuant to Texas Education Code §25.087(b)(3), amended by House Bill 367 of the 89<sup>th</sup> Texas Legislative Session, a student may be excused from attending school due to a serious or life-threatening illness or related treatment that makes attendance infeasible. This form must be completed and signed by a physician licensed to practice medicine in Texas and submitted by the parent/guardian to the student's campus principal's office. *[A1] The District may mark an absence as unexcused if this form is incomplete or if this form demonstrates that an absence is not due to a serious or life-threatening illness or related to treatment that makes a student's attendance infeasible. The District may also contact the parent/guardian or undersigning physician for verification purposes only.*

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Grade: \_\_\_\_ Campus: \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN:

I, the undersigned physician, certify the following information regarding the above-named student:

1. **Diagnosis of Illness:**

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

2.

**Statement of Severity (Please Check Box, if Applicable):**

I certify that the student's illness is serious or life-threatening.

3. **Anticipated Period of Absence (include start and end dates):**

From \_\_\_\_\_ to \_\_\_\_\_

4. **Attendance Feasibility (Please Check Box, If Applicable):**

I certify that this illness makes the student's attendance infeasible during the anticipated period of absence described above.

5. **Additional Comments**

\_\_\_\_\_

**Physician Name (Printed):** \_\_\_\_\_

**Physician's Clinic/Practice Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_

**Date of Certification:** \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

I am submitting this form in accordance with Section 25.087(b)(3) of the Texas Education Code, requesting that my child's absence(s) during the period indicated above be excused due to a serious or life-threatening illness. I understand that the school district may contact myself and/or the certifying physician for verification purposes.

**Name of Parent/Guardian (Printed):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_