

OLATHE DISTRICT SCHOOLS
Extended Absence Services
Medical Eligibility Form

DOCTORS PLEASE NOTE: Extended Absence educational services may be delivered only to a child whose health problems are so serious that school attendance is impossible or who is temporarily disabled by physical or mental illness. Medical professionals are encouraged to verify the need for such services with a school administrator or designee.

Extended Absence services have been requested for:

Name of Student: _____

DOB: _____

Grade Level: _____

School: _____

I have examined the above-named patient and do hereby recommend that Extended Absence services be provided.

- It is impossible for him/her to attend school.
- He/She may attend school only part time. Please specify number of hours he/she may attend. _____
- See below

Diagnosis: _____

Estimated Date of Return to school: _____

Today's Date: _____

Comments: (Please include information which will help us form an appropriate education plan, including re-entry to the school setting.)

Please return to:
Penny Eschliman, Facilitator
Extended Absence Service
Olathe District Schools
300 E. Loula
Olathe, Kansas 66061
(913) 780-7880
Email: pleschliman@olatheschools.org
FAX # 913-780-7734

Physician Signature: _____
(Must be signed by a physician, not a nurse)

Address: _____

Phone Number: _____