Attendance Forms

Medical Excuse Form
(This form is required after 10 dr. statements for absence from school)

McCreary County Schools
120 Raider Way
Stearns, KY 42647
(606) 376-2591

I hereby authorize this health care provider to release the information requested on this form for my child listed below. The purpose of this section is to ensure your child's educational needs are being met.

_____ _____
Parent or Guardian Name Date

Student Name: _____ Date of Birth: _____

Date of Appointment: _____ Time of Appointment: _____

Time In: _____ Time Out: _____

Reason for Appointment (chronic condition, routine office visit, follow up visit, orthodontist, dentist, emergency, tests, etc.): _____

_____

_____

Was it medically necessary for this student to be absent on date of appointment? ☐ Yes ☐ No

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

Comments: _____

_____

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

If Yes, how long? _____
(If this student will be out for five days or longer, please complete a homebound application.)

This student may return to school on ___/___/_____

Health Care Provider Name**:** _____

Address: _____

_____

Phone: _____ Fax: _____

Signature of Physician/APRN: _____ Date: _____

Note: McCreary County School students will be allowed six (6) absent events to be excused with a written parent note each school year.

Review/Revised:8/25/2016