

Absentee Forms

Student Name: _____

Attention Medical/Mental Health Provider

Students using this form have missed **AT LEAST 10 DAYS** of school and potentially **Chronically Absent**. This form will only be accepted IF the parent/guardian provides the child's attendance profile for the Medical/Mental Health provider to review, the student is seen/evaluated by the provider, and the provider determines the absences are medically necessary. **Absences occurring before the date of the appointment cannot be excused.** Homebound services are available if it is medically necessary for this student to miss more than 5 consecutive days of school.

PARENTS/GUARDIANS: This form is necessary after using your ten (10) allowed medically excused absences and six (6) parent notes. This form must be completed and turned in within 5 days of the absence, or it will be counted as unexcused. **You must provide the student's attendance profile for the medical/mental health provider to review. You can access your child's attendance on your Parent Portal. Please use the Medical Truancy: Recurring Appointment Form if this is a recurring appointment.**

Release of Information: I authorize this health care provider to release the information requested on this form for my child listed above. I understand that this is a reciprocal release between the medical/mental health care provider listed below and Mercer County School employees to share educational information regarding school services (special educational services, 504 plans, G/T records, psychological testing, counseling issues, etc.), absences, grades, behavior, and medical information that are related to school absences in the hopes of preventing chronic absenteeism and improving school attendance. The information shared between the school and medical health care provider will remain confidential between the two parties unless information is pertinent to the student's educational services, student's safety, or safety of others.

Parent or Guardian Signature: _____ Date: _____

ALL INFORMATION BELOW MUST BE COMPLETED BY THE PROVIDER TO EXCUSE THE ABSENCE.

***If the student is to be absent for five (5) or more consecutive days, please consider and complete a homebound application.**

1. Date of Appointment: _____ 2. Time of Appointment: _____

3. Duration of Appointment (select below)

- ☐ Less than 30 minutes
- ☐ 30 minutes
- ☐ 1 hour
- ☐ More than 1-hour
- ☐ Other _____

4. Reason for Appointment (select below)

- ☐ Routine Office Visit (Dentist, Orthodontic, Eye, Medical, Counseling)
- ☐ Follow-up Visit
- ☐ Emergency
- ☐ Tests
- ☐ Other _____

5. Was it **medically** necessary for this student to be absent the entire school day on the appointment date? ☐ **Yes** ☐ **No**
(If not, we will excuse travel time to/from the appointment.)

6. **Date** may the student return to school (if unable to return after appointment): _____
(If more than 5 days are needed for recovery, please complete homebound paperwork.)

7. Did you review the student's attendance profile (online or paper copy) for the current school year? ☐ **Yes** ☐ **No**

Printed Name of Health Care Provider/Physician: _____

Address: _____

Phone: _____

Health Care Provider/Physician/ARNP Signature: _____ Date: _____

Principal Review & Signature _____ Approved/Denied _____

Date: _____