

Medical Excuse Form

School Phone Numbers

Nicholas County Elementary—859-289-3785
Nicholas County High—859-289-3780

Nicholas County Schools

395 West Main St.
Carlisle, KY 40311

School Fax Numbers

Nicholas County Elementary—859-289-6240
Nicholas County High—859-289-6429

This form is required only after ten (10) medically excused days of absences or tardies

Student Name _____

I hereby authorize this health care provider to release the information requested on this form for my child listed above.

Parent or Guardian Signature

Date

Date of Appointment _____ Time of Appointment _____ Time in _____ Time Out _____

Reason for Appointment (i.e. 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 _____

Comments _____

Was it necessary for student to be absent from school for an entire day? Yes _____ No _____

Could this appointment have been scheduled during non-school hours? Yes _____ No _____

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

If yes, how long? _____ This student may return to school on _____ (date)

If this student will be out for longer than five (5) days, please consider a homebound application ~~~ call 289-3770

Health Care Provider _____

Signature

Date

Name & Address _____

Please Print

Phone _____

Fax _____

Nicholas County Schools complies with the Health Insurance Portability and Accountability Act (HIPAA).

PLEASE FILL OUT ALL HIGHLIGHTED QUESTIONS AND ATTACH/STAPLE
ORIGINAL DOCTOR'S NOTE TO MEDICAL EXCUSE FORM. THANK YOU!!