



**Aledo ISD**

***Physician Certification of Serious or Life-Threatening Illness***

**Texas Education Code 25.087**

*(b) A school district shall excuse a student from attending school for:  
 3. an absence resulting from a serious or life-threatening illness or related treatment that makes the student's attendance infeasible, if the student or the student's parent or guardian provides a certification from a physician licensed to practice medicine in this state specifying the student's illness and the anticipated period of the student's absence relating to the illness or related treatment.*

Student Name:

Student Date of Birth:

Grade:

Campus:

Parent Name:

Parent Contact Phone:

*By signing below, I certify that the named student is experiencing a serious or life-threatening illness as specified or related treatment to that specified illness, that makes attendance at school for any part of the day infeasible for the anticipated period specified. I further certify that I am licensed to practice medicine as a physician in the State of Texas.*

Student Illness/Diagnosis:

**Enter the dates below for the period of anticipated infeasibility of school attendance**

Date student first became unable to attend school:

Date Student is anticipated to be able to return to school:

Physician Printed Name:

Texas Medical Board Issued License:

Physician Signature:

Date:

Physician Office Phone Number: