



Cristo Rey Orlando High School

Medical Absence Verification Form

Cristo Rey Orlando High School is requesting the following health-related information to verify a student's medically-related absence from school. This form must be completed by a licensed physician, physician assistant, nurse practitioner, or other qualified healthcare provider and submitted with any applicable supporting documentation.

Part 1. Student Information

Form Completion Date: ____ / ____ / ____

Student Name: _____

Grade: _____

Date of Birth: ____ / ____ / ____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Part 2. Healthcare Provider Information

(To be completed by licensed healthcare provider)

Healthcare Provider Name & Credentials: _____

Practice/Facility Name: _____

City/State: _____

Office Phone Number: _____

Date(s) student was unable to attend school:

Medical Assessment

- ☐ Cleared for regular school attendance and participation without limitation
- ☐ **NOT** cleared for regular school attendance and participation
- ☐ Cleared for school attendance with limitations specified below:

Restrictions / Accommodations / Notes for School

Estimated Return Information

Anticipated return to school date: _____

- ☐ Student requires follow-up evaluation prior to full return
- ☐ Additional documentation will be provided if condition changes

I hereby certify that the above information is accurate and was completed by myself or an individual under my direct supervision.

Healthcare Provider Signature: _____ Date: _____

Part 3. Parent/Guardian Acknowledgment

I understand that if my student's condition changes, it is my responsibility to notify the school and provide updated medical documentation if needed. I also understand that my student remains responsible for following all Cristo Rey Orlando High School attendance policies as outlined in the Student Handbook.

Parent/Guardian Signature: _____ Date: _____