	**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:	

Enter the dates below for the period of anticipated infeasibility of school attendance (student is unable to attend school for any part of a day during this period)

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:			