Medical Excuse Form

Warren County Public Schools
303 Lovers Lane
Bowling Green, KY 42103
P: 270-781-5150 F: 270-781-2392

(This form required after 7 regular medically excused absences)

Student Name: _____ Date of Birth: _____

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

_____ _____
Parent/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):*_____

_____

_____

Was it medically necessary for this student to be absent on date of appointment? ☐ Yes ☐ No
Comments: _____

_____

If no, would student have missed all day due to office location, etc? ☐ Yes ☐ No
If yes, how long? _____
(If this student will be out for five days or longer, please complete a Home/Hospital application.)

This student may return to school on (date): _____

Health Care Provider Name: _____
Address: _____
City, State, ZIP: _____
Phone: (____) _____ Fax: (____) _____

_____ _____
Signature of Physician/ARNP Date

Note: *Students in Warren County Public Schools will be allowed up to five (5) absent events per year to be excused with a written parent note. Warren County Public Schools will excuse up to seven (7) absent events with doctor/medical excuse/note. Any absent event due to medical reason in excess of seven (7) will require the presentation of the Warren County Public Schools Medical Excuse Form before the absence will be excused. The form will be available at each school, central office, and some medical facilities upon parent request.*