SOUTH TEXAS ISD

Physician Certification of Serious or Life-Threatening Illness

Texas Education Code 25.087
A school district shall excuse a student from attending school for an absence resulting from a serious or life-threatening illness or related treatment that makes the student's attendance infeasible when the student or parent or guardian provides certification from a Texas-licensed physician specifying the illness and anticipated period of absence.

Student Name			
Student Date of Birth		**Grade**	
Campus			
Parent or Guardian Name		**Phone**	

By signing below, I certify that the named student is experiencing a serious or life-threatening illness, or related treatment, 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's illness			
Anticipated period when school attendance is infeasible Student is unable to attend school for any part of a day during this period			
First date unable to attend school		**Anticipated return date**	
Physician Printed Name		**Texas Medical Board License Number**	
Physician Signature		**Date**	
Physician Office Phone Number			

Return completed form to the student's campus attendance office.