

Adair County School District

Medical Excuse Form

SCHOOL PHONE NUMBERS

Adair County Primary Center – 270-384-3367
Adair County Elem. School 270-384-0077
Adair County Middle School – 270-384-5308
Adair County High School – 270-384-2751

SCHOOL FAX NUMBERS

Adair County Primary Center – 270-384-6668
Adair County Elem. School 270-384-0079
Adair County Middle School – 270-384-2168
Adair County High School – 270-384-6900

This form is required ONLY after ten (10) medically excused absences (doctor's notes) or tardies (doctor's note) or any combination of medically excused absences or tardies equaling ten(10). Please fax the completed Medical Excuse Form to the school fax number listed above.

SECTION I: TO BE COMPLETED BY PARENT/GUARDIAN

Student Name _____ Date of Birth _____ School Name _____

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

Parent/Guardian Signature

Date

SECTION II: TO BE COMPLETED BY MEDICAL PROVIDER

Date of Appointment _____ Time of Appointment _____ Time In _____ Time Out _____

Reason of Appointment (check only one)

- Current Injury/Illness Routine Office Visit Follow-up Visit Orthodontic
 Dental Vision Emergency Tests
 Other _____

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

Comments: _____

Was it necessary for the student to be absent from school for an entire day? Yes _____ No _____

If no, would student have missed all day due to office location? Yes _____ No _____

Comments: _____

Could this appointment have been scheduled during non-school hours? Yes _____ No _____

Will this student need to be absent more than one day? Yes _____ No _____

If yes, how long? _____ When may this student return to school? _____ (date)

If this student is to be absent five (5) consecutive days or more, please complete a Home/Hospital application. Please call Adair County Board of Education at (270)384-2476 to have an application faxed.

Health Care Provider _____

Signature

Date

Name & Address _____ Phone _____

(Please Print) _____ Fax _____