

Medical Excuse Form

Jessamine County Schools
871 Wilmore Rd.
Nicholasville, KY 40356

Phone: 859.887.9274/Fax:859.887.4993

This form is required only after 12 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 or Guardian Signature

Date of Appointment _____

Appointment Time _____ Time In _____ Time Out _____

Reason for Appointment (i.e. routine office visit, follow-up visit, orthodontist, dentist, emergency, tests, etc.)

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

Comments _____

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

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? _____ (If this student will be out for five days or longer, please consider a homebound application – call 859-885-4179, ext. 3037).

This student may return to school on _____

What is the current health condition? _____

Is it possible that the current health condition may become, or currently is, a chronic condition which would require the School Health Committee to develop an Individualized Health Plan to address health and academic needs for the purpose of insuring success at school?

Health Care Provider _____ Date _____

(Signature)

Name & Address _____ Phone _____

Fax _____

Note: Students in Jessamine County Schools are allowed up to 6 absence events to be excused with a written parent note for an entire school year. Jessamine County Schools will excuse up to twelve (12) absence events with doctor/medical excuse/note.