

# Medical Excuse Form

Jessamine County Schools  
871 Wilmore Rd.  
Nicholasville, KY 40356  
Phone: 859-885-4891/Fax: 859-887-4121

*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.