

STUDENTS

DRAFT 5/23/2023

09.123 AP.21

Attendance Forms

~~(Vacant)~~

Medical Excuse Form

Powell County Schools

691 Breckinridge St.

Stanton, KY 40380

Phone 606-663-3300/Fax 606-663-3303

(This form is required ONLY after 10 regular medical excuses- whole or half day- have already been submitted.)

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 _____

Time of Appointment _____ Time in _____ Time Out _____

Reason for Appointment (Check only One)

☐ Routine Office Visit ☐ Follow-up Visit ☐ Orthodontic ☐ Other:

☐ Dental ☐ Vision ☐ Emergency ☐ Tests _____

Was it medically necessary for this child to be absent the entire day on the date of this appointment?

☐ Yes ☐ No Comments: _____

If no, would student have missed all day due to office location, etc.? ☐ 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 six days or longer, please complete a homebound application.)

This student may return to school on _____ (Date)

Health Care Provider Name _____

Address _____

Phone _____ Fax _____

Signature of Physician/Medical Professional _____ Date: _____

Note: Powell County Schools will excuse up to ten (10) absence events with a doctor/medical excuse/note. Any absence event due to medical reason in excess of ten (10) will require the presentation of the Powell County Schools' Medical Excuse Form before the absence will be excused. The form will be available at each school, central office, online, and at local medical facilities.

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