

# Clinton County School District

## Medical Excuse Form

### SCHOOL PHONE NUMBERS

Early Childhood Center (606)387-4283  
Albany Elementary School (606)387-5828  
Clinton County Middle School (606)387-6466  
Clinton County High School (606)387-5569

### SCHOOL FAX NUMBERS

Early Childhood Center (606)387-3185  
Albany Elementary School (606)-387-4930  
Clinton County Middle School (606)387-6469  
Clinton County High School (606)387-8659

**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) have been used. 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 Clinton County Board of Education at (606)387-6480 to have an application faxed.**

Health Care Provider \_\_\_\_\_

Signature

Date

Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

(Please Print) \_\_\_\_\_ Fax \_\_\_\_\_

**Note:** During the 2017-2018 school year, local students presented over 9,000 doctor excuses. The Clinton County School System is working with Health Care Providers to eliminate unnecessary doctor visits, medical excuse fraud, and unnecessary student absences.