



***MEDICAL VERIFICATION FOR STUDENTS WITH EXCESSIVE ABSENCES***

Student Name: \_\_\_\_\_ Total days absent: \_\_\_\_\_

Medical Issue: \_\_\_\_\_

Specific dates that the student ***Should*** have been absent from school because of the medical issue:

\_\_\_\_\_

\_\_\_\_\_

Is the student well enough to attend regular school? \_\_\_\_\_

If not, how soon? \_\_\_\_\_

Is the medical issue severe enough that a special program either in or out of school should be considered?

\_\_\_\_\_

Should he/she have special considerations in school? \_\_\_\_\_

In what areas? \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

**DOCTORS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

***PARENT VERIFICATION AND CONSENT:***

I verify that the information above is true, and give permission for the school to contact the doctor for further information if it is needed.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_