

Medical Excuse Form

School Phone Numbers

LCHS- 928-2065
LCMS- 988-3263
North Elem. 988-4000
South Elem. 928-3500

School Fax Numbers

LCHS- 928-2066
LCMS- 988-2518
North Elem. 988-4779
South Elem. 928-3530

Livingston County Schools

127 East Adair Street
Smithland, KY 42081
Phone 270-928-2111/Fax 270-928-2112

(This form required only after 10 regular medically excused absences or after 5 medically excused tardies)

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 (i.e. routine office visit, follow up visit, orthodontist, dentist, emergency, tests)

Was it medically necessary for this student to be absent on date of 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 five 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/ARNP _____

Date _____

Note: Students in Livingston County Schools will be allowed up to five (5) days to be excused with a written parent note for the entire year. Livingston County Schools will excuse up to ten (10) days with doctor/medical excuse/note for the entire year.. Any absences due to medical reason in excess of ten (10) days or medically excused tardies in excess of 5 times will require the presentation of the Livingston County Schools' Medical Excuse Form before the absence or tardy will be excused. The form will be available at each school, central office and some medical facilities upon parent request.