

Medical Excuse Form

**Bullitt County Public Schools
1040 Highway 44 East
Shepherdsville, Ky. 40165
Phone 502-869-8000 / Fax 502-543-1582**

This form is required ONLY after ten (10) medically excused absences (doctor’s note) or tardies (doctor’s note) or any combination of medically excused absences or tardies equaling ten (10). Please fax the completed Medical Excuse Form to 502-543-1582.

Student Name: _____

School Name: _____

I hereby authorize this health care provider to release the information requested on this form for my child named above to the Bullitt County Public Schools.

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
- Dental Vision Emergency Tests

Was it medically necessary for this student to be absent the entire day on date of appointment?
 Yes No

If no, would student have missed all day due to office location, etc?
 Yes No

If this student is to be absent five (5) consecutive days or more, please complete a Home Hospital application.

This student may return to school on _____
Date

Health Care Provider _____

Name and Address _____

Signature of Health Care Provider/Physician/APRN

Date
Review/Revised:8/18/09