

York County Medical Excuse Form

Name of Medical Facility: _____

Address of Medical Facility: _____

Medical Facility Phone Number: _____

Student Name: _____

Date and Time of Appointment: _____

Date and Time Student left Appointment: _____

I examined the above-named student and found him/her to be:

Too sick to perform adequately

A risk to public safety

He/she should be excused from _____ to _____ and may return _____.

Physician's Signature

Date

OR

I have found this child to have on-going health issues and a discussion with a school administrator or school health official would be valuable.

Physician's Signature

Date

I hereby give permission for the doctor or members of his or her staff to discuss this medical issue with the appropriate members of the school staff.

Signature of parent or legal guardian

Date