

APPLETON AREA SCHOOL DISTRICT
MEDICAL ATTENDANCE EXCUSE FORM

Student Name DOB Grade

Parent Name Phone

Address Date

This medical excuse form must be completed by a health care provider to determine whether the student's health condition restricts him/her from attending school. The student must submit this completed form to the school office.

TO BE COMPLETED BY HEALTH CARE PROVIDER due to attendance concerns

Attention Health Care Provider: Please be aware that the school district must follow state law regarding student attendance. Wisconsin Statute 118.15 requires public school students to attend school full-time. Students may be excused from school or class participation if medical documentation is received from the health care provider and the reason complies with Board of Education policy. The District makes accommodations and provides alternative activities if students are medically unable to attend school or participate in specific classes.

Medical Examination Date:

- The student **is able to return to school** because the health condition does not require that he/she be out of school.

- The student has an acute **health condition** which restricts him/her from **attending school from** (excused absence)
 (date and time) to (date and time)

Note: Medical reevaluation is required if excused absences exceed 10 more days.

- The student has a **chronic health condition** which may result in the student attending either intermittently or requires accommodations.
 (date and time) to (date and time)

Comments/Accommodations (Parent/Guardian must sign release of information):

Name of Health Care Provider: Phone:

Health Care Provider Signature: Date:

Parent Signature: _____ Date: _____

Student Signature (if over 18): _____ Date: _____