

Medical Excuse Form

Covington Independent Public Schools

25 East Seventh Street
Covington, Kentucky 41011

Phone: 859-392-1000 / Fax: 859-292-5916

(This form required after 10 absences from school)

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. The purpose of this section is to ensure your child's educational needs are being met.

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: Covington Independent Public Schools students will be allowed five (5) absent events to be excused with a written parent note each school year. An additional five (5) absent events will be excused with a medical excuse/note. Any absence over these 10 days shall require the Covington Independent Public Schools Medical Excuse Form.