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