

# 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