

# Medical Excuse Form

## Whitley County School District

300 Main Street  
Williamsburg, KY 40769  
(606)549-7000

### School Phone Numbers

Boston Elementary	606-549-7872
Oak Grove Elementary	606-549-7867
Pleasant View Elementary	606-549-7085
Whitley Central Primary	606-549-7060
Whitley Central Intermediate	606-549-8011
Whitley East Elementary	606-549-7097
Whitley North Elementary	606-549-7869
Whitley Middle School	606-549-7050
Whitley High School	606-549-7025
Rockholds Opportunity Center	606-539-9280

### School Fax Numbers

Boston Elementary	606-786-3302
Oak Grove Elementary	606-528-0968
Pleasant View Elementary	606-549-7086
Whitley Central Primary	606-549-7065
Whitley Central Intermediate	606-549-8112
Whitley East Elementary	606-549-7098
Whitley North Elementary	606-523-5383
Whitley Middle School	606-549-7055
Whitley High School	606-549-7035
Rockholds Opportunity Center	606-549-0609

*This form is required only after ten (10) medically excused days of absences or tardies*

Student Name \_\_\_\_\_

I hereby authorize this health care provider to release the information requested on this form for my child listed above. \_\_\_\_\_

Parent or Guardian Signature

Date

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, etc.)

Was it medically necessary for this student to be absent on date of appointment? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

Was it necessary for student to be absent from school for an entire day? Yes \_\_\_\_\_ No \_\_\_\_\_

Could this appointment have been scheduled during non-school hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this student need to be absent more than one day? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long? \_\_\_\_\_ This student may return to school on \_\_\_\_\_ (date)

If this student will be out for five (5) days or longer, please consider a homebound application ~~~ call 327-2706 ext. 2712

Health Care Provider \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Address \_\_\_\_\_  
Please Print \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Fax \_\_\_\_\_

*The Whitley County School District complies with the Health Insurance Portability and Accountability Act (HIPPA).*

White – School

Canary – Student/Parent

Pink - Medical