

PARIS INDEPENDENT SCHOOLS
308 West Seventh Street
Paris, Kentucky 40361
(859) 987-2160

Medical Excuse Form

Purpose: In our effort to improve student achievement, we are asking medical providers to assist us in balancing the medical and educational needs of the student. Chronic absenteeism, defined as missing 10% or 17 days of school, is directly linked to low academic achievement and high drop out rates. We are asking physicians and medical providers to complete this form in lieu of a traditional medical excuse **only** for students who have missed ten (10) half or full-day absences. This will inform both the student and school of the professional recommendations regarding classroom attendance before and after appointment times. Thank you very much for helping our students.

Date _____

Student Name _____

Date of Birth _____

Date of Appointment _____ **Time of Appointment** _____

What portion of the school day should be excused?

All Day _____ **Time of appointment only** _____

Comments _____

This student may return to school on _____

Health Care Provider Name: _____

Signature of Physician or designee: _____

Telephone Number _____