



# Cooper High School Medical Excuse Form

*(This form required only after six [6] absences and each absence thereafter)*

**This section to be filled out by the parent/guardian.**

Please provide school with this document the first day your student returns after absence.

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

I hereby authorize this health care provider to release information requested on this form for my child listed above. I also authorize additional two way communication between RCHS and this provider for exchange of information for treatment planning and progress.

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Parent/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, counseling, sick visit) \_\_\_\_\_

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## This section to be filled out by the medical provider

**\*\*\*This student already has six (6) excused absence events\*\*\***

Was it medically necessary for this student to be absent from school on the date of appointment?

Yes \_\_\_\_\_ No \_\_\_\_\_ Comments \_\_\_\_\_

If yes, could the student have been at school before the scheduled time of the appointment or returned to school after the time of the appointment? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this student need to be absent more than just the date of the appointment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give additional date(s)? \_\_\_\_\_  
*(Absences prior to the date of the appointment will be excused at the Principal's discretion.)*

This student may return to school on \_\_\_\_\_ (Date)

**Health Care Provider Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Signature of Physician/ARNP** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE:** Students at Cooper High School will be allowed up to six (6) absence events for the school year to be excused with a written parent note. Any absence event due to medical reason in excess of these six (6) will require the presentation of Cooper High School Medical Excuse form before the absence will be excused. The form will be available on the school's website and in the front office.