



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.

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) _____

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 Provider _____ **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/legal guardian and/or signed doctor's 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.*