

APPLETON AREA SCHOOL DISTRICT

Student Services - P.O. Box 2019, Appleton, WI 54912-2019 - 920-997-1399, ext. 2106

MEDICAL EXCUSE FORM SCHOOL ATTENDANCE AND SPECIFIC CLASSES

Student Name _____ DOB _____ Grade _____

Parent Name _____ Phone _____

Address _____ Date _____

TO BE COMPLETED BY PHYSICIAN:

Description of
injury/illness: _____

State education law requires that public school students attend school full-time. Students may be excused from school attendance or class participation if medical documentation is received from the physician and the excuse complies with Board of Education policy. The District makes accommodations and provides alternative activities if students are medically unable to attend school or participate in specific classes.

Recommendations:

_____ Excuse from school attendance: Begin Date _____ End Date _____

_____ Excuse from specific class participation: Class(es) _____

Begin Date _____ End Date _____

If excuse is for physical education, please check or indicate which activities the student can participate in:

- | | | |
|----------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Upper body strength training
(weight limit: _____) | <input type="checkbox"/> Swimming (high school) |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Lower body strength training
(weight limit: _____) | <input type="checkbox"/> Stationary biking |
| <input type="checkbox"/> Running | <input type="checkbox"/> Upper body activities | |

Specific recommendations and comments: _____

Attention Care Provider: If students are able to attend school, few medical conditions will require complete exclusion from specific classes. Most students can participate with modifications.

Care Provider Name: _____ Phone: _____

Care Provider Signature: _____ Date: _____