

ST. MICHAEL – ALBERTVILLE MIDDLE SCHOOL

Medical Excuse for Attendance Monitoring

Student: _____

For this student to receive an excused absence, we must receive specific information from the attending physician. We understand that students should not be in school if they have a contagious disease, are seriously ill, or need to be home for proper medical treatment. However, students with attendance/truancy problems often miss school for headaches, stomach aches, or minor discomforts. This student's attendance is being monitored by St. Michael – Albertville Middle School because he/she has accumulated many absences, or is habitually truant. Please provide the following information:

Date: _____ Time of appointment: _____

Clinic: _____

Was a health problem diagnosed?	Yes	No
Was the child provided medical treatment?	Yes	No
Does the health condition require the child to stay at home today?	Yes	No
Does the health condition require the child to stay at home additional days?	Yes	No

If yes, please specify the number of days: _____

Does the medical treatment provided require the child to stay home additional days?	Yes	No
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If yes, please specify the number of days: _____

Any additional pertinent information? _____

Signature of attending physician: _____