York County Medical Excuse Form

Name of Medical Facility: _____________________________________________________________

Address of Medical Facility: _________________________________________________________

Medical Facility Phone Number: ______________________________________________________

Student Name: _______________________________________________________________________

Date and Time of Appointment: _________________________________________________________

Date and Time Student left Appointment: _______________________________________________

I examined the above-named student and found him/her to be:

☐ Too sick to perform adequately

☐ A risk to public safety

He/she should be excused from _____________ to __________ and may return ____________.

________________________________________________ ________________________
Physician’s Signature      Date

OR

☐ I have found this child to have on-going health issues and a discussion with a school
administrator or school health official would be valuable.

________________________________________________ ________________________
Physician’s Signature      Date

I hereby give permission for the doctor or members of his or her staff to discuss this medical issue with the appropriate members of the school staff.

________________________________________________ ________________________
Signature of parent or legal guardian    Date