

REQUEST FOR TEMPORARY EXCUSAL FROM SCHOOL

RETURN COMPLETED FORM TO: Student's School Counselor

Parent/Guardian Certification Form

I hereby apply for a temporary excuse from school for my son/daughter _____ name _____.
My initials next to each line signify my agreement with the following: (NOTE: ALL BOXES MUST BE INITIALED, AND FORM MUST BE SIGNED BY PARENT OR GUARDIAN.)

Place Initials In Box:

I certify that my son/daughter is unable to attend school due to temporary urgent physical or mental reasons.

I certify, to the best of my knowledge, that the information provided by the physician is correct and represents my child's current medical condition/needs/abilities.

I understand that the allotted duration of the extension is solely determined by the District but will not exceed sixty (60) days.

I hereby grant the District permission to speak to the physician providing certification below and/or to share information with such physician, understanding that my permission to permit the exchange of information between the school and the physician extends only to information specifically pertaining to this request and that the District must obtain additional permission from me for non-related information.

I understand that excusal from school may result in deterioration of my child's grades due to his/her non-attendance. I also understand that, during a medical excusal period, the District is under no obligation to ensure my child's academic success and/or course materials for my child to complete. I understand that the District may, at its discretion, choose to forward course materials to my child, but it is under no obligation to do so and shall not be held responsible for any oversights or failure to provide materials.

I understand that Tutoring during a temporary excuse from school is at the discretion of the District, and the District is not obligated to provide tutoring during a temporary medical excusal.

I understand that my student has no automatic right to receive credits during an excusal from school, even if all work is completed, although the District may, at its discretion and, if permitted by Board Policy, grant credits in cases where all necessary work has been completed.

I understand that tutoring during excusals, if provided, should not be considered as a replacement for special education in the least restrictive environment or attendance and instruction in the regular school setting. Should my child be found eligible for special education services during the approval period,, I understand that the District may reassess approval of a temporary medical excusal based upon such eligibility.

(Student's Name – Please Print)

(Date of Birth)

(Grade / Building)

(Name of Parent/Guardian – Signature and print)

(Telephone Number)

(Date of Request)

PHYSICIAN CERTIFICATION FORM

MUST PROVIDE ALL REQUESTED INFORMATION

(Form will be rejected if all blanks are not completed. Write "None" or "N/A" where appropriate/necessary. The physician or physician's office must complete this page of the form. Parents may not complete this portion of the form.)

Name of Student: _____ Date of Completion of Form: _____

Description of Urgent mental or physical condition **that prevents this student from attending school** (please be specific):

Date of Examination: _____

(Note: A temporary medical excusal will not be granted in cases where the physician did not examine the student/patient within 10 days of completing this form.)

Basis for Determination (ex., Office Visit, Physical Exam, Blood Test, etc.):

Medical needs/restrictions during homebound tutoring:

Anticipated Duration of Need for Medical Excusal:

List any/all activities in which the student may participate outside of the school setting: (Please be specific.)

PHYSICIAN CERTIFICATION:

I have read the "IMPORTANT NOTICE TO PHYSICIANS AND PARENTS REGARDING TEMPORARY MEDICAL EXCUSALS," which is attached to this form, and I understand that temporary medical excusals from Pennsylvania law's 180-day mandatory attendance requirement are permitted, by law, only for students who have a temporary, urgent medical condition that prohibits them from attending any part of the school day. I also understand that long-term and/or permanent disabilities/medical conditions are not eligible for temporary excusal (although they may qualify for other protections and/or accommodations).

*I hereby certify that I have examined the student identified above within the past ten (10) days and that he/she is **medically unable to attend any part of the school day** due to the above-stated medical condition.*

PHYSICIAN SIGNATURE: _____ PRINT NAME _____ PHYSICIAN ID# _____

MEDICAL PRACTICE NAME: _____ PHONE #: _____

ADDRESS: _____ FAX #: _____

**IMPORTANT NOTICE TO PHYSICIANS REGARDING REQUESTS FOR
TEMPORARY EXCUSE FROM SCHOOL**

PENNSYLVANIA MANDATORY ATTENDANCE LAW

In Pennsylvania, all children age eight through seventeen are legally required to attend school. Pursuant to School Code Section 13-1329 a student may be temporarily excused from school if they are prevented from attending for “any mental, physical or other urgent reasons.” The School Code states “the term ‘urgent reasons’ shall be strictly construed and shall not permit irregular attendance.” Under state regulation, 22 Pa Code § 11.34(a) (excusals from attendance for other than temporary reasons), school districts may require and/or allow their own physicians and school psychologists to verify/certify such requests.

It is the policy of the District to consider valid recommendations of private, treating physicians where such recommendations confirm the existence of a temporary, urgent condition that prevents a child from attending school. **ALL MEDICAL EXCUSALS ARE AT THE DISCRETION OF THE DISTRICT AND ARE SUBJECT TO SCHOOL BOARD POLICY.**

If the District has any questions, concerns, or needs additional information about a recommendation, it may seek parental consent for the verbal or written exchange of educationally relevant information with a treating physician. It is helpful for a doctor’s office to also obtain parental consent to permit verbal exchange of necessary information. **THE DISTRICT RESERVES THE RIGHT TO REFUSE TO GRANT AN EXCUSAL BASED UPON LACK OF REQUISITE MEDICAL INFORMATION.**

**NECESSARY AND APPROPRIATE IN-SCHOOL ACCOMMODATIONS WILL BE
PROVIDED, AS REQUIRED BY LAW FOR STUDENTS WITH DISABILITIES.**

It is important for physicians to know that the law requires the District to provide necessary accommodations for students with disabilities so that they are able to participate fully in the District’s education program without discrimination. The District takes this responsibility very seriously and works to ensure that students with disabilities are able to participate in school. To the extent that a student with a disability is able to attend school but requires accommodations to do so, the District will work with the parents and student, as well as the student’s physician, where necessary, to properly accommodate students eligible for IDEA and/or Section 504 protections.

It is also important for a recommending physician to know if a student is identified as eligible for special education programming. It is not appropriate to excuse a child from school if presenting problems can be addressed through the modification of the student’s school program to accommodate the illness or disability or through special education programming, which may include Instruction in the Home. To this end, it is essential that treating physicians, psychiatrists, counselors, Parents and the District communicate openly about a child’s needs. If the District receives a request for a homebound excuse for a child who may have a disability, it may seek parental consent to receive written or verbal recommendations from outside providers. Any educationally relevant written recommendations provided by an outside provider will be reviewed by the District; such input is greatly appreciated.

Thank you in advance for your cooperation. Please contact The Director of Student Services at [INSERT PHONE NUMBER HERE, IF DESIRED], with any questions or concerns.

DISTRICT OFFICE USE ONLY

This application is for: **Initial Request** **One-Time Renewal** (additional renewals not permitted)

Verification Checklist (*please check boxes*):

- This student is **NOT** a special education student. (If the student is special education, TME is not applicable. IEP Team must be convened to consider Instruction in the Home, a special education placement.)
- The Parent/Guardian Certification Form has been completely filled out and signed by the student's parent/guardian.
 - o All boxes have been initialed
 - o Form contains the name of student and the date
- The Physician Certification Form has been completely filled out and properly signed by a licensed physician.
 - o Nothing has been left blank.
 - o Physician signed and printed.
 - o Name and address are legible / can be read identified.
 - o Physician ID# is present.
 - o Form was completed by the physician and the physician's office, not the parent.

The Request for Temporary Excusal from School has been: **Approved** **Not Approved**

The student shall shall not receive tutoring during the temporary excusal from school.

TME Tutor Name (*where applicable*): _____ Start Date: _____

APPROVAL DETERMINATION MADE BY / FORM COMPLETED BY:

(Date) _____ (Signature and Title)

REVIEWED BY DISTRICT PHYSICIAN? YES NO
 APPROVED BY DISTRICT PHYSICIAN? YES NO