



**Gallatin County Schools**  
**75 Boardwalk, Warsaw, KY 41095**  
**Phone: 859 567-1820 FAX: 859 567-4528**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

I hereby authorize the health care professional to release the information requested on this form for my child listed above. The purpose of this section is to ensure your child's educational needs are being met.

Parent/Guardian Signature \_\_\_\_\_

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**Medical Excuse Form**

***Dear Medical Excuse Professional:*** This child may have already missed 10 or more days of school. Please do not sign this form unless this visit is medically necessary due to a Chronic Medical Issue or ongoing Medical Issue.

Date of Appointment: \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

Should child have been to school before or after this appointment? Yes \_\_\_ No \_\_\_

Will this student be absent more than one day? Yes \_\_\_ No \_\_\_

If Yes, how long? \_\_\_\_\_

This student may return to school on \_\_\_\_\_

Health Care Provider Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Signature of Physician/ARNP \_\_\_\_\_

***\*\*\*Please note that a follow-up verification call may be made from the school to the health care provider.***