WESTERN WAYNE
SCHOOL DISTRICT

DISTRICT OFFICE
1970c Easton Turnpike
Lake Ariel, Pennsylvania 18436

Telephone: 1-800-321-9973 Web: www.westernwayne.org Fax: (570) 341-1221

MATTHEW BARRETT, Ed. D
Superintendent of Schools

ELLEN M. FALISKIE
Assistant Superintendent

ROSE E. EMMETT
Business Manager / Board Secretary

STUDENT MEDICAL EXCUSE FORM

Directions: This form must be completed and signed by a certified/licensed medical doctor, CRNP or PA-C. Scripts or generic forms from physician's offices will not be accepted. If any sections of this form are left blank, the form will not be accepted.

Student's Name: _____ (Print)

Date of Appointment: _____ Time of Appointment: _____ A. M / P. M.

Was the student examined by a certified/licensed physician, CRNP or PA-C?

☐ Yes ☐ No

I certify that the above named student was unable to attend school on the following date(s) due to health issues:

Date(s): _____

A. M. _____ P. M._____ Entire School Day _____

When can the above named student return to school? _____

Are there any restrictions upon returning to school? ☐Yes ☐No

If so, please list restrictions

_____

Length of Restrictions: _____

Health Care Provider's Name and Title [or use office stamp]

_____

Address _____

Phone _____ Fax _____

Signature of Physician, CRNP, PA-C, LPC, LCSW

_____ Date: _____