WESTERN WAYNE
SCHOOL DISTRICT

DISTRICT OFFICE
1970c Easton Turnpike
Lake Ariel, Pennsylvania 18436

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JOSEPH W. ADAMS
Superintendent of Schools

MATTHEW BARRETT, Ed. D
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: ______________________

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