



School Absence Form: Medical Note

Atlanta Classical Academy

Student Name: _____

Grade: _____

To be filled out by healthcare provider:

Appointment Information

Date: _____ Time: _____

The above named student/patient was seen in this office by the:

- | | |
|---|------------------------------------|
| <input type="radio"/> Physician | <input type="radio"/> Nurse |
| <input type="radio"/> Nurse Practitioner | <input type="radio"/> Office Staff |
| <input type="radio"/> Physician Assistant | <input type="radio"/> Other _____ |

Diagnosis: _____

Restrictions/Clearance: _____

Patient May Return to School On: _____

Day

Date

☐ I have included more information on the back of this sheet.

☐ I have included more information as a separate document.

Healthcare Provider Name: _____

Address: _____

Telephone: _____ Fax: _____

Healthcare Provider's Signature: _____

Parents/Guardians:

Please remember to talk to the school nurse to review your child's medical forms if your child:

- ☐ will need any special accommodations
- ☐ if any changes are being made to your child's medications, health management plan, allergy list, or prescribed diet
- ☐ if you have any questions or concerns