

Verification of Absence Due to Illness

Student Name

Date

In keeping with School Board Policy 5.5, the parent* (as defined below) of a child in your care has been asked to provide additional documentation of the child's illness, which has resulted in several school absences. From _____ to _____ the student has accumulated _____ absences. Please review the following items and determine if they apply to the above-named student. Please check all that apply:

Student has an illness that is serious enough to warrant several school absences.

This illness would have caused the student's absence from _____ to _____

I suggest the following to facilitate the student's school attendance:

Physician Name (printed)

Signature

Date

Parental Release

I, _____ authorize the release of medical information regarding my child _____ to the following Broward County Public School:

Parent Signature

Date

* Parent includes the biological parents or any adult exercising supervisory authority over a student in place of the biological parent (FS 1000.21)