

**Hancock County School District
Medical Long Term Distance Learning
Physician's Documentation Form**

Student's Name:			
	(First)	(Middle)	(Last)
School:	Grade:	Date of Birth:	

I hereby consent to my physician disclosing to the school district medical professional any and all medical records requested in connection with my Medical Long Term Distance Learning request. I, further hereby, consent to my physician communicating with the school district's medical professional regarding this request.

Parent's/Legal Guardian's Signature: _____ Date: _____

TO BE COMPLETED AND SIGNED BY A LICENSED PHYSICIAN (All Blanks Must be Completed)			
Physician's Name (MD or OD):			
Physician's License Number:		Licensing State:	
Hospital/Clinic/Health Facility Name:			
Street Address:		Phone Number:	
City:	State:	Zip Code:	
Primary Diagnosis of the extreme medical condition that prevents the student from physically attending in person classes (actual name, not code):			
Specify the nature of the extreme medical condition that prevents the student from physically attending in person classes:			
<p><u>Physician's Statement:</u> I, hereby, confirm that (name of student) _____ is physician advised, due to an extreme medical condition or extreme medical condition of a full time resident in the home, to abstain from physically attending school.</p> <p>My signature certifies that I have personally examined the student named herein, or the person residing full time in the home, (name of person) _____ and I certify that the student is unable to physically attend school due to the above mentioned extreme medical condition during the following dates (starting date, ending date): _____</p> <p>Physician's Signature: _____ Date: _____</p>			

HCSO Medical Long Term Distance Learning Committee Member: My signature below certifies that this form has been reviewed by the Medical Long Term Distance Learning Committee and a decision has been made.

___ Application is approved for Medical Long Term Distance Learning. ___ Application is not approved.

Signature: _____ Date: _____

