

Health Care Provider Certification of Serious or Life-Threatening Illness

Texas Education Code 25.087 (b) A school district shall excuse a student from attending school for: 3. an absence resulting from a serious or life-threatening illness or related treatment that makes the student's attendance infeasible, if the student or the student's parent or guardian provides a certification from a physician licensed to practice medicine in this state specifying the student's illness and the anticipated period of the student's absence relating to the illness or related treatment.			
Student Name:			
Student Date of Birth:		Grade:	
Campus:			
Parent Name:			
Parent Contact Number:			

By signing below, I certify that the named student is experiencing a serious or life-threatening illness as specified or related treatment to that specified illness, that makes attendance at school for any part of the day infeasible for the anticipated period specified. I further certify that I am a healthcare professional licensed, certified, or registered to practice in Texas			
Student Illness:			
Enter the dates below for the period of anticipated infeasibility of school attendance (student is unable to attend school for any part of a day during this period). If the student was admitted to an outpatient day treatment program or partial hospitalization program, please provide the treatment admission and discharge dates.			
Date student first became unable to attend school		Date student is anticipated to be able to return to school	
Treatment Admission Date:		Treatment Discharge Date:	

Physician/Healthcare Professional Printed Name:		Texas Medical Board Issue License:	
Physician/Healthcare Professional Signature:		Date:	
Health Care Provider Office Phone Number:			

The section below is only required to be filled out if the student is not at a treatment center.

Parent/Guardian of Student/Patient – By signing below, I provide consent for Frisco Independent School District (Frisco ISD) to contact the Physician/Medical Provider to verify the information provided on this form and to seek clarification from the Physician/Medical Provider, as needed, to determine my student's absences may be excused in accordance with Texas Education Code 25.087(b)(3), related regulations, and/or guidance provided by the Texas Education Agency. My signature also provides authorization to the Physician/Medical Provider identified above to disclose protected health information to Frisco ISD related to the Student/Patient identified. I understand that I may withdraw this authorization at any time by providing written notice to Frisco ISD. I also understand that withdrawal of such authorization may impact Frisco ISD's ability to code my Student/Patient's absences as "excused" under Texas Education Code 25.087(b)(3). I also acknowledge and understand that even if my Student/Patient's absences are excused, Texas Education Code 25.092(a) requires that my Student/Patient attend at least 90% of class time in order to receive class credit or be promoted to the next grade level.			
Printed Name			
Signature:		Date:	