

# Greencastle High School



910 E. Washington St  
Greencastle, IN 46135  
Phone (765) 653-9711  
Fax (765) 653-4773

## Physician's Certificate of Student's Illness for Incapacity to Attend School

### To be completed by the parent:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

### To be completed and signed by the physician:

Diagnosis or description of the illness or condition that precluded or currently precludes the student's attendance at school: \_\_\_\_\_

Date student first seen by physician for this illness or condition: \_\_\_\_\_

Date student may be expected to return to school: \_\_\_\_\_

If this condition will affect the students' **regular attendance** at school, (less than 180 school days) please explain: \_\_\_\_\_

\_\_\_\_\_

Date student is to return to be seen by physician: \_\_\_\_\_

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Physician's printed name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

Please return this form to the **Main Office**  
If you have questions, please call:

Tel: 765-653-9711 x202

This certificate is a legal document stating that the student is under care of a physician for an illness that renders the student incapable of attending school for extended periods. It may be completed by an Indiana physician, an individual holding a license to practice osteopathy or chiropractic in Indiana, or a Christian Science practitioner who resides in Indiana and is listed in the Christian Science Journal. IC 20-33-2-18