



**Vernon Hills High School
Medical Excuse**

Name of Student: _____ **Date of Birth** _____

First Day Out of School Due to Illness: _____

Return Date: _____

Diagnosis: _____

Accommodations: _____

Physician's Name: _____

Address: _____ **Phone #:** _____

Physician Signature: _____ **Date:** _____

I hereby authorize the release of medical information to the individuals who are affiliated with Community District #128.

Parent Signature: _____ **Date:** _____