



**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:** \_\_\_\_\_