

**Placentia-Yorba Linda Unified School District  
STUDENT ABSENCE INFORMATION RELEASE FORM**

Student \_\_\_\_\_ Birthdate \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

Dear Health Care Provider,

The above named student is enrolled in the Placentia-Yorba Linda School District and has been absent from school \_\_\_\_\_ days due to illness this school year. This form allows parents to excuse absences due to a specific medical condition(s) with the written permission of their Health Care Provider for a maximum number of days. If the absence extends beyond the maximum days listed, an additional Student Absence Information Release Form must be provided or a Doctor's note must be provided to cover additional absences.

**Illness/Medical Condition**

Diagnosis _____
Symptoms _____
Frequency of symptoms _____ (for example: monthly, seasonal, etc.)
Maximum number of days absent per month _____

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Symptoms _____
Frequency of symptoms _____ (for example: monthly, seasonal, etc.)
Maximum number of days absent per month _____

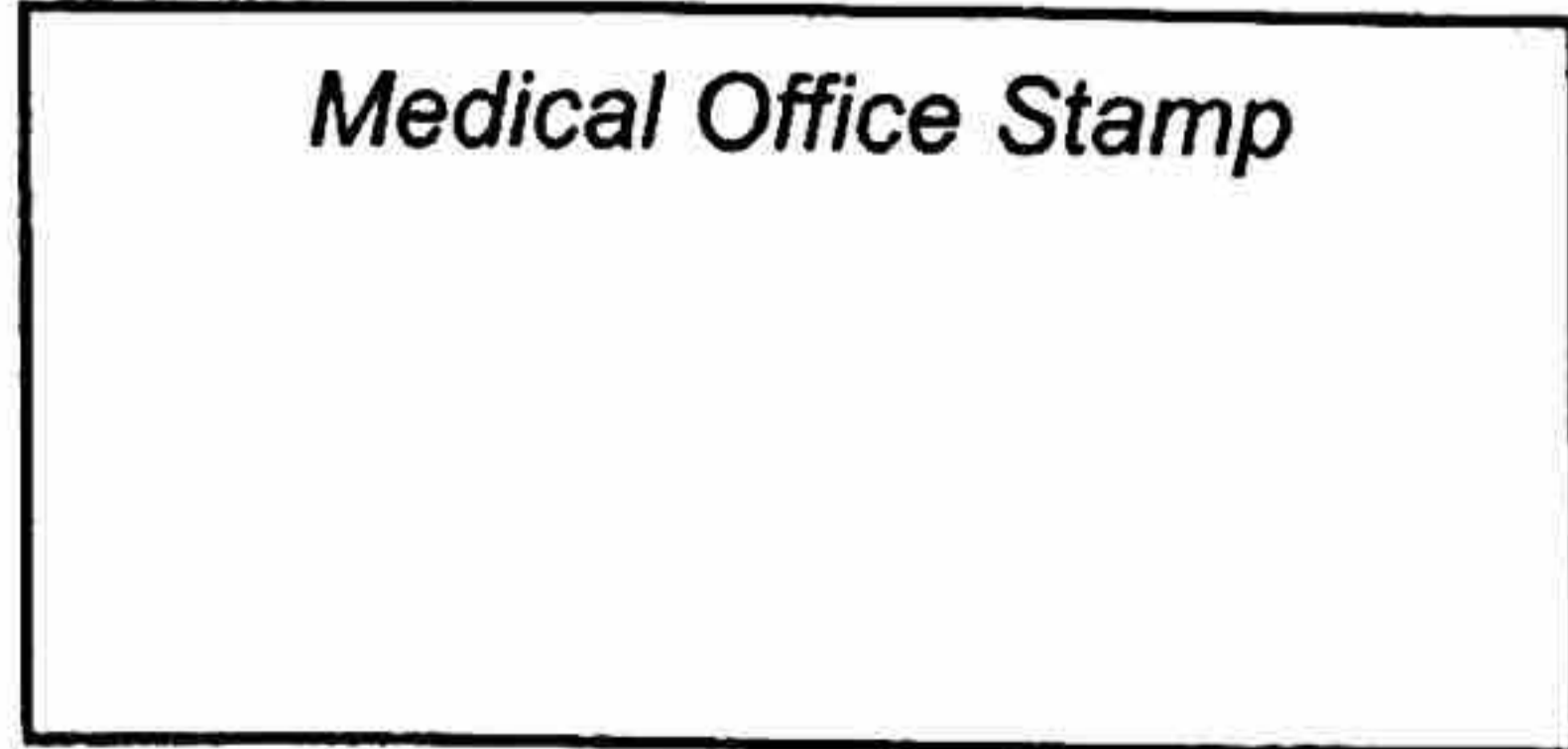
**Additional Conditions/Considerations the school should be made aware of** \_\_\_\_\_

Authorized Health Care Provider Signature: \_\_\_\_\_

Authorized Health Care Provider Name (print): \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_



**PARENT/GUARDIAN AUTHORIZATION**

I hereby give my permission for PYLUSD Health Service staff to exchange verbal and written health-related information with the authorized Health Care Provider as it pertains to my child's medical diagnosis as stated above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This request is valid for a maximum of one year.*