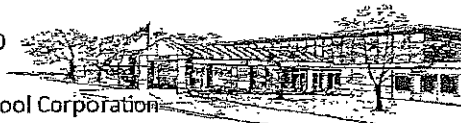


Greenfield Intermediate School

204 West Park Avenue
Greenfield, Indiana 46140
(317) 462-6827
Fax: (317) 467-6730



Greenfield-Central Community School Corporation

James A. Bever
Principal

Melia N. Hammons
Assistant Principal

Kim Hunt
School Counselor

Physician's Certification of Medical Illness or Incapacity

In the matter of _____, a student at _____ School, a
(name of student)
public school in the _____ School Corporation who has
been absent from school _____ days in the current school year:
(number of days absent)

I hereby certify that:

The above-named student was under my care for a medical illness. The student may now attend school without limitation or restriction.

The above-named student is under my care for a medical illness. The student may attend school with the following limitations or restrictions:

(specify limitations)

(specify dates or date range)

The above-named student is under my care for a medical condition that has caused incapacity prohibiting school attendance on the following dates:

(specify dates or date range)

This Certification is made solely for the medical illness or incapacity of the student and is not made for the mere convenience of the student or the student's parent/guardian. I swear, under the penalties for perjury, that the statements made in this Certification are true, correct and complete.

(physician's signature)

(date)

(printed name)

School attendance policy, for physician reference, is presented on reverse side of this document.

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