Greenfield Intermediate School

204 West Park Avenue Greenfield, Indiana 46140 (317) 462-6827

Fax: (317) 467-6730



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
oublic school in the		Corporation who has
peen absent from school (number of day	days in the current scl	nool year:
hereby certify that:		
The above-named student was school without limitation or restric	•	illness. The student may now attend
The above-named student is ur with the following limitations or r	_	ness. The student may attend school
(specify limitations)		(specify dates or date range)
	nder my care for a medical co	
\Box The above-named student is u	the following dates:	
\square The above-named student is u	-	
The above-named student is un prohibiting school attendance on the school attendance on the school attendance on the school attendance on the made solely made for the mere convenience the penalties for perjury, that the	the following dates: (specify dates or date range) y for the medical illness or i of the student or the studen	
The above-named student is un prohibiting school attendance on the school attendance of the school attendance on the scho	the following dates: (specify dates or date range) y for the medical illness or i of the student or the studen	ndition that has caused incapacity ncapacity of the student and is not it's parent/guardian. I swear, under Certification are true, correct and
The above-named student is un prohibiting school attendance on the school attendance on the school attendance on the school attendance on the mere convenience the penalties for perjury, that the	the following dates: (specify dates or date range) y for the medical illness or i of the student or the studen	ndition that has caused incapacity ncapacity of the student and is not t's parent/guardian. I swear, under
The above-named student is un prohibiting school attendance on to the convenience of the penalties for perjury, that the complete.	the following dates: (specify dates or date range) y for the medical illness or i of the student or the studen	ndition that has caused incapacity ncapacity of the student and is not it's parent/guardian. I swear, under Certification are true, correct and
The above-named student is upprohibiting school attendance on to the control of the mark convenience the penalties for perjury, that the complete. (physician's signature)	the following dates: (specify dates or date range) y for the medical illness or i of the student or the studen	ndition that has caused incapacity ncapacity of the student and is not it's parent/guardian. I swear, under Certification are true, correct and (date)
The above-named student is upprohibiting school attendance on to the control of the mark convenience the penalties for perjury, that the complete. (physician's signature)	the following dates: (specify dates or date range) y for the medical illness or i of the student or the studen he statements made in this (ndition that has caused incapacity ncapacity of the student and is not it's parent/guardian. I swear, under Certification are true, correct and (date)