



VAN BUREN INTERMEDIATE SCHOOL DISTRICT

VBISD.org

Jeffrey C. Mills
Superintendent

PHYSICIAN'S STATEMENT

Note: Please complete the following and return to the child's school. Instructional services cannot be initiated without a completed Physician's Statement.

This certifies that the medical condition of _____
(Child's Name)

is such that he/she will be unable to attend school. It is expected that hospitalization or confinement to home will extend for a period longer than five (5) school days.

Please describe the medical condition: _____

Restrictions (if any): _____

Probable length of confinement to home/hospitalization _____ (days/weeks).

Physician's Signature (D.O. or M.D. only)

(Date)

To Be Completed by the School District

Name of School District _____

Date Received: _____

Teacher Assigned: _____

School Administrator: _____
Signature

490 South Paw Paw Street, Lawrence MI 49064 • Phone: 269.674.8091
Special Services Fax: 269.539.5009 • VBTC Fax: 269.674.8954 • VBISD Conference Center Fax: 269.674.8030
Michigan Relay Center 1.800.649.3777 (Voice and TDD)

It is the policy of the Van Buren Intermediate School District that no discriminatory practices based on race, color, religion, national origin, sex, age, height, weight, marital status, disability, genetic information or any other status covered by federal, state, or local law be allowed during any program, activity, service, or in employment. Inquiries regarding the non-discrimination policies should be directed to the Director of Finance & Operations or Building Principals, 490 S. Paw Paw Street, Lawrence, MI 49064, 269-674-8091.

03/2014