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)