HAWTHORN ACADEMY

Medical Release Form

Middle School (7th-9th Grades)

This form needs to be filled out 1 week PRIOR to medical release date

Student Name: _____

Medical Release Dates: _____

A Day	B Day
1st Period:	1st Period:
_____	_____
_____	_____
_____	_____
2nd Period:	2nd Period:
_____	_____
_____	_____
_____	_____
3rd Period:	3rd Period:
_____	_____
_____	_____
_____	_____
4th Period:	4th Period:
_____	_____
_____	_____
_____	_____
5th Period:	5th Period:
_____	_____
_____	_____
_____	_____
6th Period:	6th Period:
_____	_____
_____	_____
_____	_____

Form must be brought back to the office **PRIOR** to medical release to make a copy for our records. If the form is not completed, a student may not be able to make up missed work.

Parent Signature: _____ Date: _____

HAWTHORN ACADEMY

Medical Release Form

Elementary School (K-6th Grades)

This form needs to be filled out 1 week PRIOR to medical release date

Student Name: _____

Student Teacher: _____

Medical Release Dates: _____

Math:

_____

_____

Language Arts:

_____

_____

Science:

_____

_____

Social Studies:

_____

_____

Reading:

_____

_____

Other Assignments or Notes:

_____

_____

Form must be brought back to the office **PRIOR** to medical release to make a copy for our records. If the form is not completed, a student may not be able to make up missed work.

Parent Signature: _____ Date: _____