

**HARLAN COUNTY HIGH SCHOOL SBDM COUNCIL POLICY**

<b>COUNCIL POLICY TYPE</b>		<b>POLICY NUMBER</b>
<input type="checkbox"/> <b>By-Laws (Council Operational Policy)</b>		
<input checked="" type="checkbox"/> <b>Function (School Operational Policies)</b>		<b>HC 005</b>

**POLICY TOPIC DESCRIPTION**

**HCHS CONSENT FORM TO ELIMINATE ABUSE OF DOCTOR'S EXCUSES**

**POLICY STATEMENT**

HCHS will provide a consent form to parents/guardians of students to sign, authorizing medical professionals to release information concerning a student's appointment time and date. **This information will only be used to verify a student's absence, and eliminate the abuse of doctor's excuses for absence.**

Policy Title HCHS CONSENT FORM TO ELIMINATE ABUSE OF DOCTOR'S EXCUSES		
5-11-10 <hr/> 1 <sup>st</sup> Reading  Bob Howard <hr/> Council Chairperson	6-1-10 <hr/> 2 <sup>nd</sup> Reading  Bob Howard <hr/> Council Chairperson	7-15-2010 <hr/> Adopted  Bob Howard <hr/> Council Chairperson