

BRIERCREST

CHRISTIAN ACADEMY

Excused Absence Record Form, v5

Date:

Name:

Box #:

Time of form submission:

Circle class periods to be missed*:

1 2 3 4 5 6

**You must submit a corrected form the same day if you miss more or fewer class periods than originally indicated.*

Check reason for absence & provide description:

☐ Illness (symptoms):

☐ Virus Check:

- | | | |
|--|-----------------------------|--------------------------------|
| <input type="radio"/> Fever? | <input type="checkbox"/> No | <input type="checkbox"/> Yes → |
| <input type="radio"/> Cough? | <input type="checkbox"/> No | <input type="checkbox"/> Yes → |
| <input type="radio"/> Shortness of breath? | <input type="checkbox"/> No | <input type="checkbox"/> Yes → |
| <input type="radio"/> Sore throat? | <input type="checkbox"/> No | <input type="checkbox"/> Yes → |
| | | |
| <input type="radio"/> Nausea or vomiting? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="radio"/> Runny nose/sniffles? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="radio"/> Sneezing? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If "yes" check
forehead temp.:

☐ Appointment: _____

☐ Other: _____

Authorized by: _____
(signature of staff on duty)

Comments: _____