

Medical Approval Form Springs Baptist Academy



This form must be notated and signed by a licensed medical doctor in order for us to better serve students with medical needs. The following information will be used by the appropriate staff and faculty of Springs Baptist Academy to better assist the named student with his or her medical needs. This form will be kept in the student's cumulative file.

Student Name: _____

Doctor's Name: _____

Office Address: _____

Office Phone: _____

Is the student able to attend classes? _____ If YES, how many hours of the day will the student be able to attend school (based on an 8-hour day)?

If NO, how many days of school should the student be excused due to the current medical condition?

If any accommodations are needed (restrictions, accessories, time and day exclusions or instructions, etc.), please attach written documentation from you or your office.

Are there any restrictions for physical activities? _____ If YES, please list the restrictions and timeframe for such.

Doctor Signature: _____ Date: _____

Please return to: *Springs Baptist Academy
C/O Student Records
3500 N. Nevada Ave.
Colorado Springs, CO 80907*