



School Notes in America:

What 5,780 Pediatric Telehealth Visits Tell Us About the **Hidden Paperwork of a Sick Day**

A child wakes up with a fever on a Tuesday morning. A parent has to make a quick decision: Can their child go to school and can they still go to work? Do they need to see a doctor? What documentation does the school require for a student's absence? If a doctor's note is needed, how can they get one while caring for a sick child and still working? A DrHouse analysis found that a child's telehealth visit is more than three times as likely to end with a doctor's note during the school year than during summer break. The findings offer a new look at an often-overlooked part of childhood illness: the paperwork families navigate when a child has to miss school.

DrHouse analyzed 5,780 completed telehealth visits involving patients under age 18 between February 29, 2024 and August 17, 2026. We looked at whether each visit resulted in a doctor's note issued by the treating physician. The results were striking.

During summer break, 11.3% of children's visits ended with a doctor's note. During the school year, that number jumped to 35.9%, making a note 3.2 times more likely during school months ($p < 0.001$).¹

And that was only the beginning. The data reflects the general school calendar dates. The change doesn't happen gradually throughout the year. It closely follows the school calendar.

In July, during summer break, just 4.1% of pediatric visits ended with a doctor's note.

However, in August, as some schools around the country begin to reopen, the rate jumped to 23.5%. By September, when all schools are back open and the school year has officially begun, it reached 35.6%.

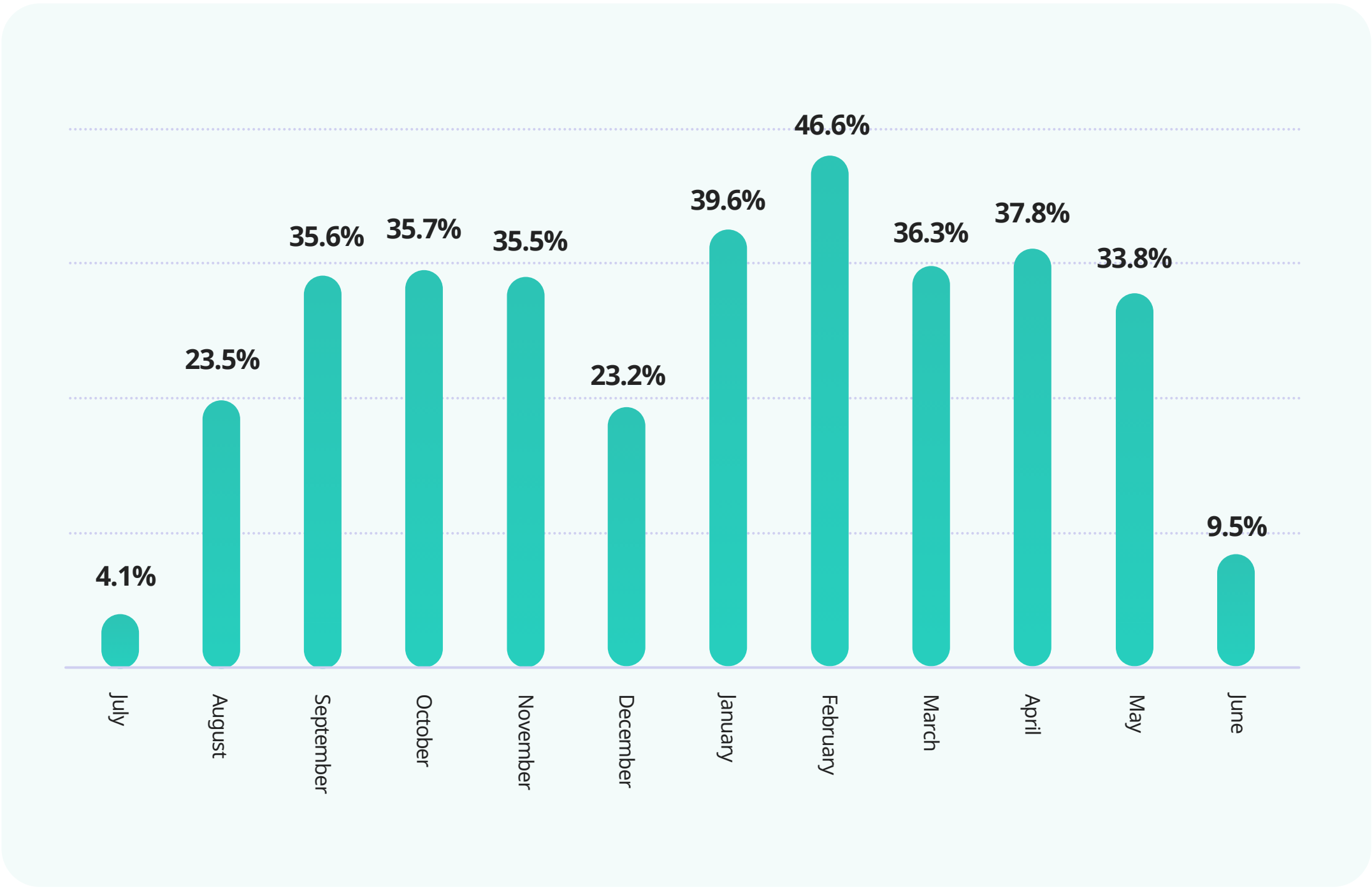
In other words, the share of children's visits ending with a doctor's note increased nearly nine times between July and September.

1. DrHouse internal analysis, 2026. Analysis of 5,780 completed pediatric telehealth visits between February 29, 2024 and August 17, 2026. "School year" is defined as September through May; "summer" as June through August. School-year versus summer difference: 35.9% vs. 11.3%, $p < 0.001$.

The pattern becomes even more interesting in December. December had more pediatric visits than any other month in the dataset, yet only 23.2% ended with a note, the lowest rate of any month that overlaps with the school year.

Then came February. Nearly half (46.5%) of all pediatric visits in February ended with a doctor’s note, the highest rate of any month analyzed.

Pediatric visits ending with a doctor’s note by month

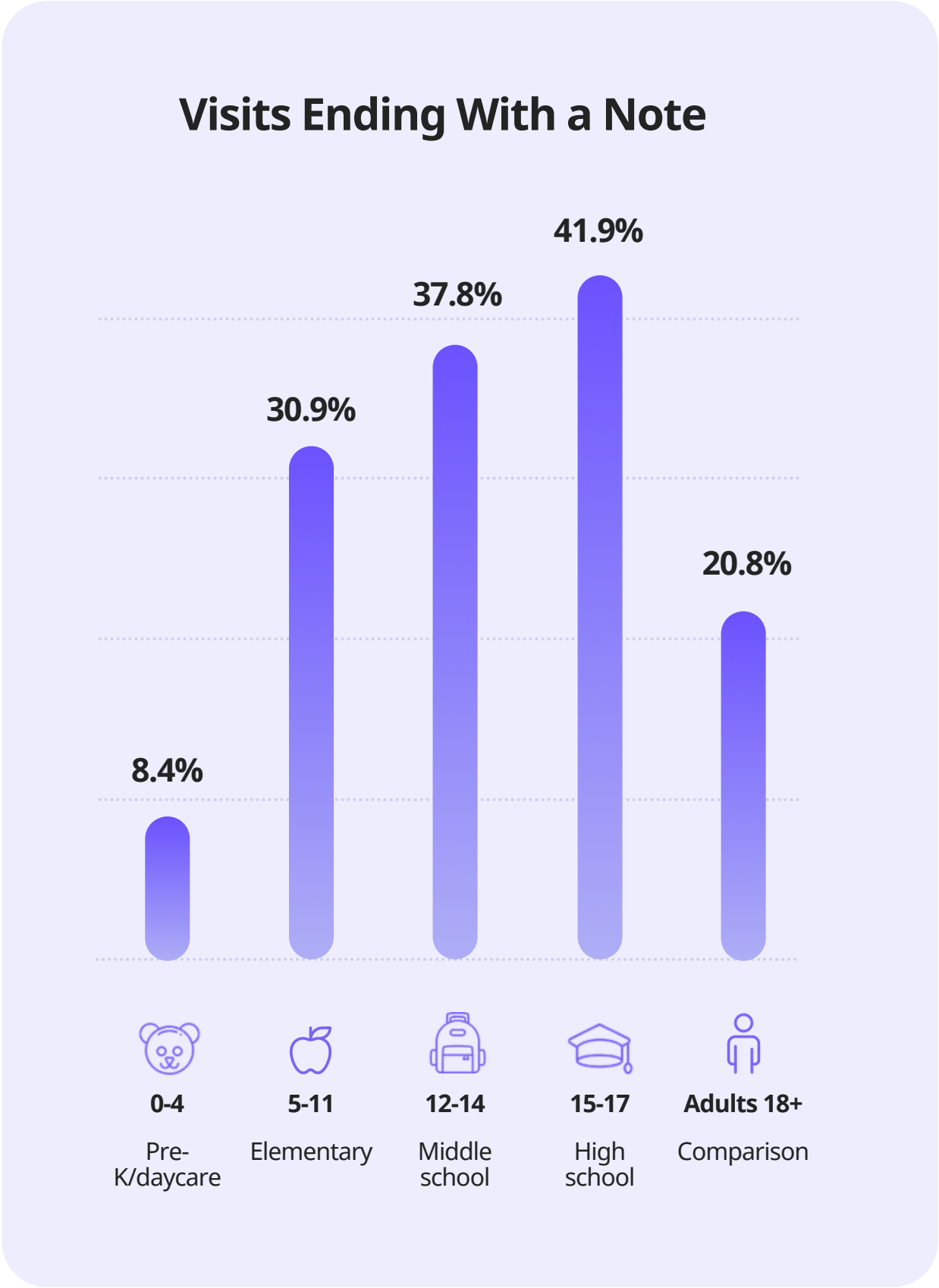


The takeaway isn’t that children suddenly become healthier during summer and winter breaks or dramatically sicker when September arrives and the school year begins. Every child included in this analysis was already having a medical visit. What changed was the likelihood that the visit also resulted in documentation.

That distinction matters. The older the student, the more likely documentation is. Only 8.4% of visits for children ages 0–4 resulted in a doctor’s note. Once children reached elementary-school age, that number increased dramatically and continued to grow through middle and high school.

By high school, 41.9% of visits resulted in a note, twice the 20.8% average among adults in the DrHouse dataset. That makes older students one of the most heavily documented groups in the analysis. The data itself cannot tell us exactly why. But the pattern aligns with the growing role attendance plays as students get older. Absences may affect make-up work, tests, course and graduation requirements, athletic participation and other school policies.

For parents and students, a sick day isn’t just a health decision, but also an administrative one. A school-morning scramble shows up in the numbers. Perhaps the most relatable finding appears when we look at when families booked visits.



During the school year, 49.9% of pediatric visits booked on weekday mornings between 6:00 and 10:00 a.m. resulted in a doctor’s note. On weekend mornings during the same months? Just 12.2% did. That's roughly a fourfold difference ($p < 0.001$).

And when school was out for summer, the weekday-morning rate dropped to 15.7%.

Anyone who has gotten a child ready for school can probably picture the morning behind those numbers: a child wakes up sick, preparing for the school day, and a parent tries to figure out next steps, often before their own workday has even begun.

“Missing school is an important issue to address, and these findings clearly show that the demand for doctor’s notes increases when children are in school,” said Dr. Rob Chandler, a physician with DrHouse. “While documentation policies serve an important purpose, requiring families to visit an urgent care center or primary care office for a minor or improving illness can create real challenges. Appointments may not be immediately available, and parents may have to miss work and encounter financial issues simply to obtain a note. Telehealth offers families a faster, more accessible way to have their child evaluated and, when medically appropriate, receive the documentation they need without leaving home.”

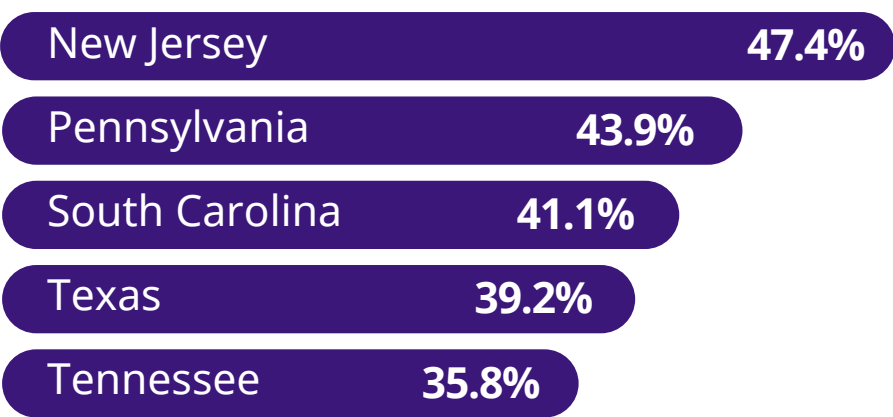


Dr. Robert Chandler, DrHouse physician

Telehealth can turn what might otherwise require rearranging an entire morning into an opportunity to have a child evaluated from home. Where families live makes a difference, too.

There was also considerable variation by state. Among the 16 states with at least 100 pediatric visits in the dataset, doctor’s note rates ranged from 47.4% in New Jersey to 22.8% in Virginia. Differences across the 16 states were statistically significant ($p < 0.001$).²

The five highest rates were:



At the other end, Virginia had the lowest rate at 22.8%.

These numbers should not be interpreted as a ranking of states or school systems. Attendance policies vary by state and district, and the analysis does not control for differences in patient demographics, insurance, age or local telehealth use. The findings do show that families’ experiences with medical documentation are far from uniform. There’s also an access question.

2. DrHouse internal analysis, 2026. State-level analysis includes only the 16 states with at least 100 completed pediatric visits. State comparisons are descriptive and unadjusted. Differences across states: $p < 0.001$.

The analysis found another difference worth noting. Among pediatric visits where an insurance carrier was on file, 31.7% resulted in a note. Among visits without an insurance carrier on file, the rate was 26.3%.

The 5.4-percentage-point difference was statistically significant ($p = 0.001$).³

This does not establish that insurance coverage caused the difference. Insured and uninsured families can differ in many other ways. But it highlights an important consideration whenever medical documentation becomes part of school attendance: requiring proof from a healthcare professional can create an additional hurdle for families who have more difficulty accessing care.



3. DrHouse internal analysis, 2026. "Insured" indicates that an insurance carrier was on file for the visit. The analysis is descriptive and does not establish a causal relationship between insurance status and documentation.

What does a doctor's note actually mean? For this analysis, a "doctor's note" means documentation issued by the treating physician following a telehealth visit. DrHouse provides notes at the physician's discretion when medically appropriate.

Schools and districts have different policies about when documentation is required. Depending on the school, medical documentation may be relevant for situations such as:

- Extended or consecutive absences
- Determining whether an absence is excused
- Making up missed tests or assignments
- Returning to school following certain contagious illnesses
- Medical accommodations or excusal from physical education
- Ensuring graduation or grade promotion requirements are met or extended for completion



A doctor's note also does not necessarily remove an absence from chronic-absenteeism calculations. Chronic absenteeism generally refers to missing 10% or more of the school year and can include both excused and unexcused absences. The note may instead affect how a particular school or district handles an absence.

Why this matters

Extensive public data show how often American students miss school. Much less information exists about what families have to do when a child misses school. This DrHouse analysis helps illuminate that gap.

The data does not measure whether American children are getting sicker. It measures something less visible: how often a medical visit also becomes a documentation event. And that administrative layer follows the school calendar remarkably closely.

The school year rate was also consistent across the two complete academic years covered by the analysis: 36.6% in 2024–25 and 35.8% in

2025–26. For schools, medical documentation can help manage attendance. For healthcare professionals, unnecessary documentation requirements can add administrative demands to routine childhood illness.

And for parents, it can be much simpler: My child is sick. What do I need to do before school starts?

Telehealth cannot eliminate the complexity of school attendance policies. But when a child needs medical attention, it can give families another way to connect with a licensed healthcare professional without adding a waiting room trip to an already difficult morning.



At a Glance



5,780

Pediatric telehealth visits analyzed



35.9% vs. 11.3%

School year versus summer note rates



46.5%

February note rate, the highest month in the analysis



41.9%

Note rate among high school age patients



3.2x

Greater likelihood of a visit ending with a doctor's note during the school year versus summer



49.9%

Note rate for school month pediatric visits booked on weekday mornings from 6:00 – 10:00 a.m.



47.4% vs. 22.8%

New Jersey versus Virginia, the highest and lowest rates among states meeting the reporting threshold

Methodology

DrHouse analyzed 5,780 completed telehealth visits involving patients under age 18 between February 29, 2024 and August 17, 2026. The pediatric sample was drawn from 93,633 completed DrHouse visits, with pediatric visits representing approximately 6.2% of the overall dataset.

For comparison, the analysis included 87,811 completed visits involving patients age 18 and older. Adults had an average year-round doctor's-note rate of 20.8%. Forty-two records containing implausible birth dates were excluded from age-based analyses.

A visit was classified as resulting in a doctor's note when documentation was issued by the treating physician. Notes are provided at the physician's discretion when medically appropriate. The dataset identifies whether documentation was issued but does not identify its specific purpose. Some pediatric notes therefore may have been related to purposes other than school attendance.

For the primary seasonal analysis, September through May was defined as the school year and June through August as summer break. Because some U.S. school districts return to school during August, this classification produces a conservative estimate of the difference. When August is classified as school time instead, the

difference widens to approximately 5.3 times, 35.1% during school months versus 6.7% during June and July.

As a robustness check, researchers also examined a balanced two-year period from July 1, 2024 through June 30, 2026. The school year rate remained 35.9%, compared with 13.1% during summer, a 2.7x difference ($p < 0.001$).

Age groups were defined according to common U.S. school stages: ages 0–4 for pre-K/daycare, 5–11 for elementary school, 12–14 for middle school and 15–17 for high school. These are cross-sectional comparisons between groups of patients rather than longitudinal tracking of the same children.

Booking time analysis used the timestamp when a visit was scheduled rather than the appointment time. UTC timestamps were converted to local time using the primary time zone of the patient's state. For states with multiple time zones, this is an approximation.

State-level findings were reported only for states with at least 100 pediatric visits. Sixteen states met that threshold. State comparisons are descriptive and unadjusted for differences in age, insurance, month, patient mix or local utilization.

All analyses were conducted at the visit level. The dataset did not contain patient or physician identifiers that would allow linking repeat visits.

All reported data are aggregated and de-identified. No personally identifiable patient information is published.

Statistical testing

All statistical tests were two-sided:

- School year vs. summer: $p < 0.001$ (chi-square)
- Weekday vs. weekend mornings during school months: $p < 0.001$ (two-proportion test)
- Differences across the 16 reportable states: $p < 0.001$ (omnibus chi-square)
- New Jersey vs. Virginia: $p < 0.001$ (exploratory two-proportion comparison)
- Insured vs. uninsured pediatric visits: $p = 0.001$ (two-proportion test)

Visit and note counts, 95% confidence intervals, statistical test results and robustness checks are available in the accompanying DrHouse data supplement.

Footnotes & Sources

1. DrHouse internal analysis, 2026. Analysis of 5,780 completed pediatric telehealth visits between February 29, 2024 and August 17, 2026. "School year" is defined as September through May; "summer" as June through August. School-year versus summer difference: 35.9% vs. 11.3%, $p < 0.001$.
2. DrHouse internal analysis, 2026. State-level analysis includes only the 16 states with at least 100 completed pediatric visits. State comparisons are descriptive and unadjusted. Differences across states: $p < 0.001$.
3. DrHouse internal analysis, 2026. "Insured" indicates that an insurance carrier was on file for the visit. The analysis is descriptive and does not establish a causal relationship between insurance status and documentation.
4. U.S. Department of Education. Chronic absenteeism is commonly defined as missing at least 10% of school days, regardless of whether absences are excused or unexcused. National data show chronic absenteeism rose substantially following the COVID-19 pandemic.
5. American Enterprise Institute, Return to Learn Tracker. National and state-level tracking of post-pandemic chronic absenteeism trends.
6. University of Michigan C.S. Mott Children's Hospital National Poll on Children's Health. Nearly two-thirds of parents of children ages 11–18 reported that their child worries about how sick days may affect grades.
7. American Academy of Pediatrics. School attendance is recognized as an important health and educational issue, with chronic absenteeism associated with poorer academic and health outcomes.
8. Centers for Disease Control and Prevention. School infection-prevention guidance encourages schools to consider the implications of requiring healthcare-provider documentation for illness-related absences.

Important limitation

This analysis reflects use of the DrHouse telehealth platform, not all pediatric healthcare in the United States. Families may be especially likely to use telehealth when documentation is needed, meaning doctor's-note rates on DrHouse may be higher than rates in traditional pediatric settings.

The analysis is observational and cannot establish that school policies caused the differences identified. Seasonal illness patterns, patient mix, reasons for seeking care and other factors may also contribute.

Accordingly, these findings are best understood as a measure of documentation demand within a telehealth setting and the strong relationship observed between that demand and the U.S. school calendar.

