

Doctor/Dentist/ Professional Excused Absence

(School Name)

Provider Name: _____

Provider Address: _____

Provider Phone #: _____

This is to confirm that _____ was absent from school on _____
(Child's Name) (Dates)

from _____ a.m./p.m. to _____ a.m./p.m. for medical/dental/professional reasons.

This child appeared for an appointment in this office on _____

(Date)

This child is permitted to return to school on _____

(Date)

Limitations/Remarks (Times/dates; Activities):

Signature: _____ Date: _____
(Medical Provider/Dentist/Professional)

Warning: Adding to, deleting from, or altering this form in any way after it is signed by the medical provider/dentist/professional is illegal and may result in prosecution.

Original to Child

Copy to School