Athletes: use this form when you're missing practice due to a doctor's appointment. Please fill it out and bring a copy to practice or copy and paste it and email it to Coach Paul @ ipaul@waukesha.k12.wi.us. *Failure to provide this information will result in an unexcused absence (refer to team expectations).

Appointment Date _________

Appointment Location/Name of Facility________________________________________

Doctor’s Name____________________________________________________________

Reason for Appointment:
(only provide what you are comfortable sharing, no personal information needed.
Example: “I injured my leg” or “I am ill” or “I have to get something checked out.”)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________.

Parent/Guardian
Signature_________________________________________________________Date__________