Doctor/Dentist/ Professional Excused Absence

____________________________________________
(School Name)

____________________________________________
(Provider Name)

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: __________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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 Copy to Provider