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