

MEDICAL EXCUSE

Date _____

Student's Name _____

The above named students has been excused from school for an appointment with your office. Please complete the following and have the student return it to school. This form can also be faxed to 278-3624.

Thank you for your cooperation.

Attendance Office

Please print or stamp doctor's name and facility location.

Approximate Time Arrived at Office _____

Approximate Time Left Office _____

Doctor's Office Signature _____