Union County School System
School Absence

Patient's Name: ______________________________

Appointment Information

Date: ____________________ Time: ______________

The above named student/patient was seen in this office by the:

- ❐ Physician
- ❐ Physician's Asst.
- ❐ Nurse Practitioner
- ❐ Nurse
- ❐ Office Staff
- ❐ Other

Patient May Return to School:

- ❐ Today
- ❐ Tomorrow
- ❐ On ______________________________
  Day Date

Physician Name: ______________________________

Address: ______________________________

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Physician's Signature: ______________________________

Revised 8/1/2010