**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.