

# 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