DOCTOR/DENTIST EXCUSE

For

Effingham County Schools

This form is used to provide schools with information concerning a student’s doctor appointment as well as information about the length of time a student should be excused from attending school.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s Name)

Appeared in my office at \_\_\_\_\_\_\_\_\_\_\_\_(a.m. or p.m.) for an appointment.

The appointment was over by \_\_\_\_\_\_\_\_\_ (a.m. or p.m.).

The student should be excused for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dates).

This student may return to school on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Doctor’s Name)

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Doctor’s Name)