Medical Absence Record

_____ **missed school on** _____ **Or**

student name *date*

missed school from _____ **to** _____

date *date*

due to ☐ **a medical illness**

☐ **an appointment**

☐ **other** _____

_____

medical professional signature & date

☐ **medical doctor**

☐ **dentist**

☐ **orthodontist**

☐ **other** _____

office stamp