## 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.

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

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

(Doctor's Name)

Date:

## 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.

(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 or	1	

(Doctor's Name)