

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)