



Student Absence Excuse (For Health Services Use Only)

SCHOOL: _____

DATE: _____

STUDENT NAME: _____

TIME EXCUSED FROM CLASS: _____

The student is:

- Absent today
- Going home
- Going to an appointment
- Being transported to ER
- Other: _____

MAY RETURN TO SCHOOL:

- The next school date: _____
- With documentation from Healthcare Provider
- Other:

Absence is excused by: _____ School Nurse

SCHOOL NURSE SIGNATURE: _____

PLEASE PLACE SIGNED COPY IN STUDENT'S ATTENDANCE FOLDER.

PARENT OR GUARDIAN TO SIGN CHILD OUT IN OFFICE.