

## Excused Medical/Dental Absence

*Per SCPA policy, students absent for more than three consecutive days, not including weekends, are required to have a signed note from their healthcare provider for the absences to be excused. Please have your healthcare provider complete the form below and return it to the school health office.*

\_\_\_\_\_ was seen by \_\_\_\_\_  
(Student Name) (Medical/Dental health staff)

for \_\_\_\_\_.

This student was seen and may return to school today, \_\_\_\_\_.  
(Date)

This student was seen and is unable to attend school. He/she may return to school on \_\_\_\_\_.

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

Healthcare Provider signature: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_