

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)

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