**UNION COUNTRY SCHOOL SYSTEM**

**SCHOOL ABSENCE**

**[Patient's Name]**

**Appointment Information**

**[Date]**

**[Time]**

**The above-named Student / Patient was seen in this office by the:**

* Physician
* Nurse
* Physician's Asst
* Office Staff
* Nurse Practitioner
* Other

**Patient May Return to School:**

* Today
* Tomorrow
* On **[Date]**

**[Physicians Name]**

**[Address]**

**[Physician's Signature]**