

# Union County 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 \_\_\_\_\_

Day

Date

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

Revised 8/1/2010