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