# 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
- ❒ Physician's Asst.
- ❒ Nurse Practitioner
- ❒ Nurse
- ❒ Office Staff
- ❒ Other

Patient May Return to School:

- ❒ Today
- ❒ Tomorrow
- ❒ On ______________________________

Day Date

Physician Name: ______________________________

Address: ______________________________

______________________________

**Physician's Signature**: ______________________________

Revised 8/1/2010