

PHYSICIAN'S PQVG'HQT SCHOOL

(to be submitted to any Adams County school)

Date _____

Student Name _____

I examined the above named student and found him/her to be:

ill and could be excused from school for the following dates _____.

ill, yet could have been in school.

well.

having on-going health issues and a discussion with school administrators or health officers would be valuable.

I hereby give permission for the doctor or members of his/her staff to discuss this medical issue with appropriate members of the school staff.

Signature of parent, legal guardian, or student (over age 14)

NOTE: Permission may be necessary to satisfy requirements for a legal absence.

Physician's signature

Affix office address or stamp here:

PHYSICIAN'S NOTE FOR SCHOOL

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