## (Date of Letter)

(Nursing Staff)
(School Name)
(Street Address)
(City, State and Zip Code)

RE: Medical Excuse

Attn: Nursing Staff

Dear Nursing Staff:

Please excuse my child, (name of child), from school on the day of , 20 , due to medical needs and/or a doctor's appointment. A medical appointment (is/was) scheduled for o'clock, (am/pm) on the day of , 20 ; therefore, it (was not/will not) be possible for (first name of child) to be present. This should be considered an excused absence due to the medical needs of the child. Should you need any additional information, please advise.

Very truly yours,

(Signature)

(Address)

(City, State and Zip Code)

(Phone Number)

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