

Artesia High School

Mr. Eric Greer, Principal
Mr. Mark McAlister, Assistant Principal
Mrs. Anna Kelley, Assistant Principal

1002 West Richardson Ave.
Artesia, NM 88210-1899
Telephone 575-746-9816

MEDICAL / PROFESSIONAL EXCUSE ABSENCE

(Provider's Name)

This is to confirm that _____ was absent from school on
(Name of Student)

_____ and was seen by our office from _____ to _____ for one of the
(Date) (Time Arrived) (Time Left)

following reasons:

_____ Medical Reason _____ Dental Reason _____ Court

If accompanied with an official documentation from medical, dental, or court; parent or student can sign and not complete the rest of the form.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

If not accompanied with an official document from medical, dental, or court; the bottom half of form must be completed by a medical provider, dentist, or court personnel.

Student is allowed to return to school immediately _____ Yes _____ No

If student is not allowed to return to school immediately, when can student return to school? Date of Return _____

Limitations / Remarks: _____

Printed Name: _____
(Medical Provider / Dentist / Professional)

Signature: _____ Date: _____
(Medical Provider / Dentist / Professional) (Today's Date)

Warning: Adding to, deleting from, or altering this form in any way after it is signed by the medical provider / dentist / professional is illegal and may result in prosecution.

Form may be completed by Parent or Student with official note from Medical or Professional provider. If official note is provided, please sign below.

(Parent or Student Signature)

(Date)