



Doctor/Dentist/Counseling Form

Student Name: _____

Date: _____

Attending Doctor/Dentist Name _____

(All information below is to be filled in by the doctor/doctor's office.)

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Arrival/appointment time: _____

Departure time: _____

He/she may:

_____ **Return to school today**

_____ **Return to school tomorrow**

_____ **Other:** _____

_____ **Has the following restrictions which the school needs to be aware of:**

Doctor's/Counselor signature: _____

This form must accompany the child when he/she returns to school and be given to the Administration Office.