

## DOCTOR/DENTAL APPOINTMENT FORM

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_  
DATE \_\_\_\_\_ DATE OF APPOINTMENT \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_  
REASON FOR EARLY DISMISSAL \_\_\_\_\_

TIME FOR EARLY DISMISSAL \_\_\_\_\_  
Name of Doctor or Dentist \_\_\_\_\_  
Time of Appointment \_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_  
Parent Telephone Number \_\_\_\_\_

**If applicable, name of person (other than parent or guardian) who will be picking up child** \_\_\_\_\_

**\*\*\* ALL STUDENTS MUST BE SIGNED OUT IN THE OFFICE**

Please NOTE: Parents can ask the Doctor's office for an excuse from school during this time of appointment. Please turn in any excuse or form provided by the Doctor's office upon the child's return to school. Thank you!

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