

## EXCUSE SLIP

Your Doctors name    Your Doctors name

Your Doctors name    Your Doctors name

1234 Fake St. Suite 101

Any Town CA 12345

Telephone: (123) 456-7890

Date \_\_\_\_\_

Please Excuse \_\_\_\_\_

FROM:       Work       School       P.E.

Other \_\_\_\_\_

DUE TO:     Injury       Illness

Other \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Thank You,

