

MEDICAL OR DENTAL APPOINTMENT PRIOR APPROVAL FORM

MS CODE 37-13-91(e)

Date of Request: _____

To Whom It May Concern:

Please excuse _____
(Student's Name)

(Student's Grade) _____
(Name of Student's Homeroom Teacher)

(Check the School that the Student Attends):

[_____] NP Elementary [_____] NP Middle [_____] NP High
[_____] SP Elementary [_____] SP Middle [_____] SP High

due to an appointment with _____
(Name of Doctor, Dentist or Medical Technician)

on _____, _____, _____,
(Day of Week) (Month) (Day) (Year)

(Signature of Parent/Legal Guardian/Custodian)

(Daytime Telephone Number of Parent/Legal Guardian/Custodian)

For School Office Use Only

Approved By: _____

Date Approved: _____