Date

Doctor Name

Medical Practice or Hospital Name

Street Address

City, ST ZIP Code

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| RE: | Excuse Note for  DOB: date, SSN: Social Security Number |

Dear school principal,

One of your students, Monica William of 2nd grade, fell in the school playground while playing football on 11th March, 2019. Her mother immediately brought her to the hospital. I had to stitch her wound and keep her on sedatives for a day, due to which she could not attend the school on 12th March, 2019.

Kindly, excuse her absence on 12th March, 2019 as she was under my treatment in the hospital on that day.

Regards,

Ross Aniston.