# CROSSROADS CHILDREN’S CLINIC

, M.D., Pediatrics

## Medical Excuse Form

|  |  |
| --- | --- |
| This is to certify that: |  |
| was under my care on |  |
| and he/she will be able to return to school on |  |

|  |
| --- |
| **Doctor’s Comments:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Rx |  |
| , **M.D., Pediatrics** |