
School Excuse Letter From Doctor

[Doctor's Name]

[Medical Practice or Clinic Name]

[Practice Address]

[City, State, Zip Code]

[Doctor's Email Address]

[Phone Number]

[Date]

To Whom It May Concern,

I am writing on behalf of my patient, [Student's Name], who has been under my care since [Date]. Due to medical reasons, [he/she/they] was unable to attend school from [Start Date] to [End Date].

[Student's Name] was diagnosed with [Briefly Describe Medical Condition, e.g., acute bronchitis, influenza, etc.], which required strict bed rest and medical supervision to manage symptoms and prevent the spread of infection. During this period, [he/she/they] was advised to remain at home and focus on recovery.

It is important to note that [Student's Name] is currently following a treatment plan, and I anticipate a full recovery by [Expected Recovery Date]. [He/She/They] should be able to resume school activities, adhering to any guidelines we have discussed to ensure [his/her/their] health and well-being.

Please allow [him/her/them] to make up any missed assignments or tests from the aforementioned period. Should you require any further information, please feel free to contact my office at [Doctor's Phone Number] or [Doctor's Email Address].

Thank you for your understanding and support.

Sincerely,

[Doctor's Signature]

[Doctor's Name]

[Title, e.g., MD, Pediatrician]

[Medical Practice or Clinic Name]