



Abundant Life
CHRISTIAN SCHOOL

Medical/Dental Excuse Slip

This is to certify that _____ (student's name) had
an appointment at _____ (name of clinic).

Date: _____ Time of Appointment: From: _____ to: _____

Authorized Signature: _____

4901 E. Buckeye Rd., Madison, WI 53716 | P: 608-221-1520 | F: 608-221-8572



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