

SICK NOTE

To be used for absences for up to three consecutive days
Please note: from the 4th day on the school requires a doctor's note!

I hereby confirm that the Phorms pupil

..... class..... is / was sick and therefore unable to attend school.
Surname, Name

He/ She suffered from

.....

on (for **one day** of absence)

from to (in case the date of return to school is unsure, please indicate)

.....
place date

.....
Signature parent / legal guardian / pupil if of age / other (indicate)

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