

Edison High School Cheer

ATTENDANCE VERIFICATION FORM (Doctor Appointment)

Type of appointment (circle one): Medical Dental Eye Other: _____

This form is to verify that _____ was in your office on

(student name)

_____ at _____ for an appointment.

(date) (time)

Signature of Physician: _____ Date:

As the parent/guardian of the named student above, I verify the preceding information to be accurate. This appointment was unavoidable and was required to occur during the missed Cheer Activity. I understand that time may need to be made up as required by the Cheer staff.

Parent/Guardian Signature: _____ Date:

Student Signature: _____ Date: _____