

[Date]

[Teacher's Name or School Principal's Name]

[School Name]

[School Address]

RE: Absence Excuse for [Student's Full Name]

Dear [Recipient Name],

Please accept this letter as formal notification that [Student's Name] was unable to attend school from [Start Date] to [End Date]. This absence was due to a seizure event and the necessary recovery period following the episode.

[Student's Name] has been cleared by their medical provider to return to all regular school activities as of [Return Date].

I have attached a medical note from [Doctor's Name/Clinic Name] for your records. Please let us know if there are any specific forms required to update the school's seizure action plan or if there are any concerns regarding missed assignments during this period.

Thank you for your understanding and support.

Sincerely,

[Parent/Guardian Signature]

[Parent/Guardian Printed Name]

[Phone Number]