



www.thechildrensclinicms.com

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Authorization to Email/Fax

I give The Children's Clinic permission to fax/email a school excuse and/or 121 form to the following contact

Patient Name: _____

Patient DOB: _____

Date(s) Excused: From _____ To _____

Email/Fax#: _____

(can only be to persons listed on the account, we can not email or fax to schools or businesses)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____