

**HEALTH CAREER INSTITUTE
LATE OR ABESENTEE SLIP
(561) 586-7616 Student Line**

Name of Student _____

Date: _____

Late: _____ Time Came In: _____

Did instructor send them home? _____yes _____ no

Name of instructor: Print _____

Signature of instructor: _____

Administration only: Absent Form

Did student call in? _____yes _____no

Name of person filling out the absentee slip: _____

Signature of official person: _____

Date: _____

Signature of EMT coordinator: _____

Clinical _____ Lecture _____ Lab _____

Attach to student absentee form and place in file: