

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[School Name]
[School Address]
[City, State, Zip Code]

Dear [School Principal's Name or Appropriate Person],

Subject: Medical Certificate

I am writing to inform you that my child, [Child's Full Name], a student in [Grade/Class Name] at [School Name], has recently undergone medical treatment and was unable to attend school from [Start Date] to [End Date].

Please find attached a medical certificate from [Doctor's Name or Clinic Name], confirming [Child's Name]'s condition and the need for absence during this period.

We kindly request that [Child's Name] be allowed to make up for any missed assignments and/or school work.

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Relationship to the Child]