

**Calhoun Community College
EMS Program
Student Absence Form**

Student Name _____

Date(s) of Absence(s): _____

Type of Absence: Clinical Classroom Skills Lab

Instructor: _____

Reason for Absence: _____

Faculty Notified: Date: _____ Time: _____

Name: _____

Method of Contact: _____

Clinical Site Notified:

Date: _____ Time: _____

Name of Person Contacted:

Faculty Comments: _____
