



**PANDA**  
PEDIATRICS

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### Family Medical Leave Form

#### Required Information:

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Contact name and phone number: \_\_\_\_\_

1. Dates needed to cover missed work: \_\_\_\_\_

2. Specific reason (diagnosis) of child: \_\_\_\_\_

3. Are there any expected absences in the future:

If yes, when? \_\_\_\_\_ How long? \_\_\_\_\_

4. Why did parent/guardian need to stay home? For example, was child was not able to attend daycare or was treatment or medication to be given. \_\_\_\_\_

5. Does paperwork need to be picked up, mailed or faxed? Please provide details.

\_\_\_\_\_

6. Date needed by: \_\_\_\_\_