



Request for Absence from School for Medical Appointment

Name of Pupil _____ Class _____

Dates of Absence requested: _____ to _____

Name of Doctors / Surgery / Hospital _____

Time of Appointment _____ AM / PM

Collect from school at: _____ AM / PM

Signed _____ Date _____

Reply to Parents

Child's Name _____

Please note that your request for absence is acknowledged / approved / not approved* and _____ days authorised / unauthorised* absence will be recorded on file.

Please contact me if you require further information.

Signed _____

(a copy of this sheet to be returned to the parents via pupil post and copy to be put in class register)

*** Delete as required**