



Request for Absence Due to Medical Appointment

Please provide evidence of the appointment on return of this form to enable us to authorise the absence.

Name of Child:

Class:

Date of appointment: Time of appointment:

Details of Medical Appointment

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*A full day should **not** be taken for medical appointments unless in exceptional circumstances. e.g admission to hospital.*

Signed Date

For office use only

Authorised

Unauthorised

Signed (Headteacher): Date received:

Notes:

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