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| ***Pupil Medical Appointment******Leave of Absence*** |

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| ***Full Name of Child(ren)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time from\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_******Reason for absence******Signature of Parent/Carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

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| ***To be completed by the school – Copy to be returned to parent/carer******Appointment card/letter/text seen YES NO******Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Head Teacher – on behalf of School Governors*** |