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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*** |