



Pupil Medical Appointment Leave of Absence

Full Name of Child(ren) _____

Class _____

Date _____ ***Time from*** _____ ***to*** _____

Reason for absence

Signature of Parent/Carer _____

Date _____

To be completed by the school – Copy to be returned to parent/carers

Appointment card/letter/text seen **YES** **NO**

Signed _____ ***Date*** _____

Head Teacher – on behalf of School Governors