

Name of child:			
was seen by the doctor/pharmacist today			
and	I is well enough to attend school		
	is too ill to attend school [please delete as appropriate]		
	for days [please complete		
comp take y	se get this card leted when you your child to the r or pharmacist.	Please Stamp	
Date:		Here	
Time	<u>:</u>		
Carleton Green Community Primary School			
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	[please complete		

Here

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