



**Carleton Green
Community
Primary School**

Name of child: _____

was seen by the doctor/pharmacist today
and is well enough to attend school

is too ill to attend school
[please delete as appropriate]

for _____ days
[please complete as appropriate]

Please get this card
completed when you
take your child to the
doctor or pharmacist.

Please
Stamp
Here

Date: _____

Time: _____



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