

Absence from School to Attend a Medical Appointment

Name of pupil: Class:

The appointment is with:

Date: Time:

At: (Clinic / Hospital)

I will be collecting them from school at:

I hope to return them by:

Proof of appointment shown to:

Name of parent / carer:

Signature: Date:

Contact telephone number:

Unless there are special circumstance we are unable to 'authorise'
more than half a day. (Hopefully it will be less than that)

Special Circumstances:

Thank you for the information.

Unless you are told otherwise this appointment will be authorised.