

## ABSENCE FROM SCHOOL TO ATTEND A MEDICAL APPOINTMENT

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| <b>Pupil Details</b>   |
| Name   |
| Class Teacher/Class  |
| Appointment (Doctor/Dentist/Hospital/Specialist)   |
| Date:  |
| Time:  |
| At:  |
| I will be collecting my child/children from School at:   |
| I hope to return my child/children to School by:   |
| Proof of appointment seen by:  |
| Name of Parent/Carer:  |
| Signature:   |
| Date:  |
| Contact Number:  |
| Only under special circumstances are we able to 'authorise' more than half a school day for an appointment. If you feel the appointment will require more than half a day, please detail the reasons why here: |

Unless you are advised otherwise this appointment request will be authorised.  
Thank you for providing this information.