

**ABBOT ALPHEGE ACADEMY**  
MEDICAL APPOINTMENTS DURING THE SCHOOL DAY  
INFORMATION FOR SCHOOL ATTENDANCE RECORD



My child: ..... (please print)

in Class: ..... has to attend (please give details, e.g. hospital, dentist, optician):

.....  
.....

on: ..... (date) at: ..... (time)

I will be collecting my child from school at .....

Signed: ..... (Parent or Guardian)

Date: .....

Please return this form to the School Office **prior** to the appointment.