



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 SCHOOL OFFICE PRIOR TO THE APPOINTMENT