



## MEDICAL APPOINTMENT NOTIFICATION

**Name:**

**Form Group:**

<b>Medical appointment with:</b>	<b>Date:</b>	<b>Time:</b>
<b>They will be absent from school:</b> <i>(Please select as appropriate)</i>	<b>All day</b>	<b>Part Day</b>
<b>Copy of appointment card/letter sent in to school:</b> <i>(Please select as appropriate)</i>	<b>Yes</b>	<b>No</b>

**Signed: (Parent/Carer) .....**

**Date: .....**