



## **MEDICAL NOTIFICATION OF ABSENCE FROM SCHOOL**

This form is for any medical appointment during the school day (Doctors, Hospital, Dental) and needs to be completed by the Parent/Guardian and returned to the school office as soon as the appointment details are known but at **least 24 hours before the appointment**.

Please note that all **routine medical appointments should be made outside of school time** or during school holidays.

**Pupil Name:** ..... **Class:** .....

I can confirm that my child has a \*doctors / hospital / dental / other medical\* appointment on

..... (date) (\*please indicate)

He/She will be absent from school from am / pm / all day \*(please indicate)

Please give estimated times if a morning or afternoon appointment

From: ..... am/pm

Until: ..... am/pm

Please give any additional information you feel the school should be aware of:

.....  
.....

Signed: ..... Name: ..... Date: .....

**For School Office Use Only:**

Form Received: .....

Date: .....

Added to Arbor: .....

