

# Request for Medical Absence



Name/s of child/ren

Class

_____	_____
_____	_____
_____	_____

I / We request that the child/ren named above be granted Medical Absence on:

DAY

DATE

MONTH

_____	_____	_____
-------	-------	-------

From (times)

\_\_\_\_\_ to: \_\_\_\_\_

Please specify in the box below the reason for this request and where possible provide proof of appointment. Absence will be granted in most cases.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed

- Absence has been authorised and will be recorded as: Medical
- Absence has not been granted because:

---

---

\_\_\_\_\_  
Headteacher

\_\_\_\_\_  
Date