

# Request for Medical Absence



Name/s of child/ren

Class

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

DAY

DATE

MONTH

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From (times)

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to:

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Please specify in the box below the reason for this request. No request will be considered without this information being supplied. 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::

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Headteacher

Date