

OUGHTIBRIDGE PRIMARY SCHOOL

MEDICAL ABSENCE REQUEST FORM Please send to School Office

CHILD'S NAME _____ CLASS _____

DATE OF APPOINTMENT _____ TIME _____

LOCATION OF APPOINTMENT * _____

* LEA pass will only be issued for city centre appointments.

TIME CHILD IS BEING COLLECTED FROM SCHOOL _____

SIGNED _____ PARENT/CARER

.....

OFFICE USE ONLY / RETURN TO PARENT of _____

Thank you for your medical absence request, which has been approved.

DATE _____ LOCATION _____

Please keep this slip with you during the appointment / Pass No. _____

SIGNED _____ HEADTEACHER

.....

CLASS TEACHER _____ ABSENCE CODE _____

CHILD'S NAME _____

DATE _____ BEING COLLECTED AT _____

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