



*The Ruskington
Chestnut Street C of E Primary Academy*

PUPIL REQUEST FOR AUTHORISED MEDICAL ABSENCE

Please put in your request as soon as you are aware of an appointment.

PUPIL NAME ----- CLASS -----

REASON FOR ABSENCE -----

DATE OF ABSENCE ----- APPOINTMENT TIME -----

PLACE OF APPOINTMENT -----

TIME YOU WOULD LIKE TO COLLECT YOUR CHILD FROM SCHOOL -----

ANTICIPATED TIME OF RETURN TO SCHOOL -----

Every attempt should be made to request/change appointments to after or out of school hours

REASON ABSENCE REQUIRED DURING THE SCHOOL DAY -----

Signed ----- Dated -----

Please attached supporting evidence, ie. letters, printed confirmation from clinic including your child's name, hospital report etc.

For School Use Only

Medical request authorised -----

Register Code -----

Medial/other request unauthorised -----

Register Code -----

Signed -----

Dated -----

Comments -----

