



## MEDICAL ABSENCE FORM

Absence from school, for illness and medical/dental appointments.  
Please complete the slip below confirming the duration of illness and  
reason for the absence.

Pupil's Name ..... Class .....

Home Address .....

.....

Date of Absence ..... or

Last day in School ..... (Date and day)

First day back to School ..... (Date and day)

Reason:            Tummy Upset                High Temperature   

                         Cold/Flu                        Other           

Please comment should the Other Box be ticked:

.....  
.....  
.....

I make an application for my child named above to have had authorised  
absence from school for the reasons stated.

Name of Parent/Carer making application .....

Signed: .....

Date: .....