



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 absence.

Child's Name: _____ Class: _____

EITHER: (single day)

Day: _____ Date: _____

OR: (multiple days)

First Day of absence: Day: _____ Date: _____

Last Day of absence: Day: _____ Date: _____

Number of Days: _____

Reason for absence: _____

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

Name of parent/carer making application: _____

Signed: _____ Date: _____