



*Learning, Listening and
Laughing together*

APPLICATION FOR AUTHORISED MEDICAL APPOINTMENT ABSENCE

We advise that wherever possible, dental/doctor etc appointments are made outside school hours. However we recognize that this isn't always possible and in those instances this form informs us of such situations.

Pupil's name:

Date and time of appointment:

Nature of appointment:

Departure time: Expected return time:

Signed: Date:.....
Parent/Guardian

Name (BLOCK CAPITALS PLEASE)

FOR SCHOOL USE

To

I confirm receipt of your request for appointment absence and in this instance the absence will be recorded as AUTHORISED/UNAUTHORISED.

Date and time of appointment

Signed Date
Headteacher

Copy for:
PF
File
Parent/Guardian

Seagry CE Primary School,
Upper Seagry, Chippenham,
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