



Chellaston Junior School

MEDICAL REQUEST FOR LEAVE OF ABSENCE FORM

Please complete all shaded boxes on this form

| Name of Child(ren) | Class |
|--------------------|-------|
| | |

Appointment for who and what type. Please fill in all areas.

| For child | For sibling | For parent | For someone else | Other |
|-----------|-------------|------------|------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| Doctor | Dentist | Optician | Hospital | Other |
| | | | | |

| Name of person collecting | Date |
|---------------------------|------|
| | |

Office use only.

Evidence

| Yes | No |
|-----|----|
| | |

Authorised?

| Yes | No |
|-----|----|
| | |