



# Chellaston Junior School

## MEDICAL REQUEST FOR LEAVE OF ABSENCE FORM

Please **complete all shaded boxes on this form**

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

### Appointment type and who for: Please tick

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

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

### Evidence provided?

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

### Authorised?

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