

Notice of Medical Appointment

Child’s Name: …………………… Class: ……………….

Type of Appointment:

Doctors [ ]

Dentist [ ]

Opticians [ ]

Hospital [ ]

Other [ ] ………………………. (please specify)

Routine / Emergency (please circle)

Reason for Appointment: ………………………………………….

………………………………………………………………………..

Evidence of Appointment Provided Yes / No

Date of appointment ……………………………………

Time to be collected from school ………………………

Or

Time child will return to school …………………………

Signed: Date:

Print