

## MEDICAL/DENTAL APPOINTMENT – REQUEST FOR ABSENCE FROM SCHOOL

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*Whenever possible medical/dental appointments should be made outside of school hours. We understand this may not always be possible and if so, please complete the form below and return to school with as much notice as possible.*

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**Name of child** \_\_\_\_\_ **Class** \_\_\_\_\_

I request permission for my child to be absent from school on:

Date: \_\_\_\_\_ Time from: \_\_\_\_\_ to: \_\_\_\_\_

Reason \_\_\_\_\_

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Copy of appointment letter attached Yes/No

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### Headteacher's Response

Absence approved

Headteacher's signature: \_\_\_\_\_ Date \_\_\_\_\_