Tall Oaks Academy Trust

Request for Absence Due to Medical Appointment

Please provide evidence of the appointment on return of this form to enable us to authorise the absence.

Name of Child: --

Class:--

Date of appointment: _____ Time of appointment:_____

Details of Medical Appointment

A full day should __not__ be taken for medical appointments unless in exceptional circumstances. E.g admission to hospital.

Signed --- Date -------------------------------

For office use only

Authorised ☐   Unauthorised ☐

Signed (Head of School):-------------------------- Date request received:-------------

Notes:---