

**WESTON ALL SAINTS CE PRIMARY SCHOOL**

**MEDICAL APPOINTMENTS DURING THE SCHOOL DAY  
INFORMATION FOR SCHOOL ATTENDANCE RECORD**

My child : ..... (please print)

in Class : .....

has to attend (please give details e.g hospital, dentist, optician) :

.....  
.....  
.....

on ..... (date)

at ..... (time)

Signed : ..... (Parent or Guardian)

Date : .....

Please return this Form to your child's classteacher **prior** to the appointment.