



ST MICHAEL'S CE JUNIOR SCHOOL NOTIFICATION OF CHILD'S MEDICAL APPOINTMENT

Please complete and hand to the school office

CHILD'S NAME	
CLASS	
MY CHILD HAS THE FOLLOWING APPOINTMENT	DOCTOR / DENTIST / OPTICIAN / OTHER (PLEASE SPECIFY)
I HAVE ATTACHED / SHOWN A COPY OF THE APPOINTMENT TO A MEMBER OF THE SCHOOL OFFICE TEAM. APPOINTMENTS WILL BE UNAUTHORISED IF PROOF CAN'T BE PROVIDED	OFFICE USE ONLY: YES / NO
DATE OF APPOINTMENT	
TIME OF APPOINTMENT	
MY CHILD WILL MY CHILD WILL	ARRIVE AT SCHOOL AFTER THEIR APPOINTMENT AT APPROX..... (INSERT TIME) HE/SHE WILL / WILL NOT REQUIRE A SCHOOL DINNER THAT DAY. PLEASE CIRCLE LUNCH OPTION R / G / Y / PL OR BE COLLECTED FROM SCHOOL AT (INSERT TIME) TO GO TO THEIR APPOINTMENT
SIGNATURE OF PARENT/CARER	
DATE:	