**APPLICATION FOR PUPIL LEAVE OF ABSENCE**

**MEDICAL APPOINTMENTS**

|  |  |
| --- | --- |
| Name of child : | Class : |
| Telephone number : |
| Date of appointment :  | Time of appointment :  | Time of collection from school : |
| Brief details of appointment : | Time of return to school : |
| Signed (parent/carer) : | Date : |
| **Please attach a copy of the appointment letter / card****Once your application form has been considered by the Headteacher, you will receive a text message to confirm whether your request for a medical appointment has been authorised/unauthorised** |

***Please note that this application form has been prepared in accordance with GDPR. If you would like more information about how this data is used/stored please refer to the attached Privacy Notice.***

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Medical leave of absence has been authorised / unauthorised

Signature of headteacher …………………………………………………………………….. Date ………………………………………..