



**MEDICAL APPOINTMENT
ADVICE NOTE**

**PLEASE ATTACH A COPY OF AN APPOINTMENT CARD, LETTER OR EMAIL
TO THIS FORM.**

To School Office:

Please be advised that

NAME OF CHILD:

CLASS/YEAR GROUP:

will be attending a medical appointment and therefore be
absent from school on:

DATE:

DEPARTING FROM SCHOOL: AM/PM

RETURNING TO SCHOOL: AM/PM

WILL/WILL NOT REQUIRE SCHOOL DINNER

COMMENTS: (please use this space if you need to inform us
of any issues related to your child's medical appointment.)

Signed..... Print Name.....