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THE LEA PRIMARY SCHOOL & NURSERY
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AL5 4LE

Medical Absence Authorisation Form

CHILD'S NAME: YEAR:

****** Please note that wherever possible medical/dental appointments should be made outside school hours ******

I would like to request absence authorisation for my child on (date)

For the purpose of: (ie. Hospital Appt, Doctor Appt)

I will collect my child at and return them at

My child will be absent for school days / hours in total

LUNCH REQUIRED: YES/NO

IF YES – PLEASE SELECT:

RED (MEAT)

GREEN (VEGETARIAN)

YELLOW

Signed: (Parent/Carer) Date:

Head's signature: Date:

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Dear Parent/Carer,

Child's name: _____ YEAR: _____

Date/time of requested absence from school _____

- I have authorised your request on this occasion and the class teacher has been informed.
- This absence has been authorised because your child is not yet of compulsory school age.

Mr James Berry
Headteacher

