



THE LEA PRIMARY
SCHOOL & NURSERY



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

Signed: (Parent/Carer) Date:

Head's signature: Date:

✂-----

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.

Mrs Tracey Berry
Headteacher

01582 767939

admin@lea-pri.hert.sch.uk

www.lea-pri.herts.sch.uk

Headteacher: Mrs T Berry
Moorland Road, Harpenden AL5 4LE

