



**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  
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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: .....

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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.

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Headteacher**

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