



MEDICAL APPOINTMENT FORM

Please complete this form if you would like to inform the school of a medical appointment that your child has to attend. Once received, we are able to adjust our registers and this prevents unauthorised marks being issued.

STUDENT NAME:

TUTOR GROUP:

Please indicate below the category and reason that your son/daughter will be absent from school?

☐ Doctors ☐ Dentist ☐ Hospital ☐ Orthodontist ☐ Other (please state below)

DATE OF APPOINTMENT:

TIME OF APPOINTMENT:

Length of time your child will require away from school:

☐ up to 1 hour ☐ 1 -2 hours ☐ 8.25 – 13.25 ☐ 13.25 – 15.10 ☐ 1 whole day
☐ More than 1 day (enter days student will be absent) —————>

DURATION

Is this appointment:

☐ for this day only ☐ part of a session of treatments ☐ due to ongoing illness ☐ other (please state below)

COLLECTION DETAILS

After your son/daughter signs out at Student Services, will they:

☐ be collected by (name below) ☐ attend the appointment on their own ☐ return to school afterwards

MEDICAL EVIDENCE

Please provide any medical evidence such as hospital appointment letters, orthodontist or dental appointment cards where possible. If you do not have any supporting evidence, we would request that you take this form with you and get the box below stamped by the health care provider whilst attending the appointment.

Once completed, please print and send to Student Services or email to attendance@warlinghamschool.co.uk.

This form along with any medical evidence submitted will be treated as confidential.