

FIVEWAYS SCHOOL

Medical Appointment Notification

Medical appointment with: OPTIONAL e.g.. Paediatrician, dentist	Date:	Time:
They will be absent from school: All day / Part Day (Delete as appropriate)		
If part day please estimate times of absence	From:	To:
My child will/will not require a school lunch. (Delete as appropriate)		
Collection / Return to school arrangements: Please inform Country Transport of any changes if your child uses their service		
Child's Name:		
Class:		
Completed by:		
Relationship to child:		
Date:		

Parents/Carers: Please place completed forms next to the most recent correspondence in your book.

School Staff: please forward completed forms to the **school office.**