



Pupil Medical/Dental Appointment Form

Please complete this form if your child has an appointment during school hours. Once complete, please return to the school office along with confirmation of the appointment (letter/email/reminder message). Any confirmed appointments will be marked as an authorised absence.

Child's Name	
Class	
Date of Appointment	
Time of Appointment	
Type of Appointment (Medical/Dental/Other)	
Location of Appointment	
Parent/Carer Name	
Signature	
Date	
Appointment Confirmation Provided	☐ Yes ☐ No

Will your child be:

- ☐ Collected from school before the appointment at
- ☐ Returning to school after the appointment
- ☐ Not returning to school after the appointment