



St Richard's CE Primary School

If your child is off school unwell and/or needs to attend a medical appointment during school hours, please provide a letter from the practice/ an appointment card/ a text message of confirmation of the appointment or alternatively please ask the practice to sign/stamp the below slip.

Pupil's Name: _____ Class: _____

The above pupil has an appointment to attend:

Name and address of Practitioner (Doctor/Dentist/Hospital)	Practitioner's Stamp

Date of appointment/...../..... Time of appointment

Parent/Carer's Name: _____ Signed: _____

Practitioner's/Practice signature _____



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