

Notice of Medical Appointment



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Child's Name: Class:				
Type of Appointment:				
Doctors	[]		
Opticians	[]		
Hospital	[]		
Other	[]	(please specify)	
Routine / Emergency (please circle)				
Evidence of Appointment Provided Yes / No				
Date of appointment				
Time to be collected from school				
Or Time child will return to school				
Signed:			Date:	
Print:				

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