

**MEDICAL / DENTAL APPOINTMENT NOTIFICATION**

Appendix 2

Where possible please make any medical and dental appointments for pupils out of school hours.

Where this is not possible, the pupil should only be out of school for the minimum amount of time necessary for the appointment.

**PLEASE REMEMBER:**

* Medical and Dental appointments are recorded as Authorised Absence
* Authorised Absence still reduces the overall attendance % of your child and your child will miss valuable learning time.

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| MEDICAL/DENTAL NOTIFICATION - PARENT/CARER TO COMPLETE   |  |  | | --- | --- | | Full name of child(ren) | Class | |  |  | |  |  |     Appointment Details  Date and Time of Appointment  Time to be collected from school  Estimated return time to school  Parent Signature  Date  Please enclose copy of appointment confirmation letter / appointment card if available. |

Office Use Only

Teacher & Headteacher notified🗌

Integris updated🗌

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Through AYJS PRIDE, we nurture each individual to flourish, achieve and live out Christian values.

| POSITIVE | RESPECTFUL | INCLUSIVE | DETERMINED | ENGAGED |



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