**Medical Appointment Notification Form**

Please complete the form below to notify the school of your child’s medical appointment.

Please return to the school office with the appointment letter for copying. If you do not have the appointment letter a photograph/screen shot is also accepted.

|  |  |
| --- | --- |
| Child’s name: |  |
| Class: |  |
| Type of appointment e.g. Hospital, Dental |  |
| Date of appointment: |  |
| Time of appointment: |  |

If it is a morning appointment, please select your child’s lunch choice for the day: (Please circle)

RED GREEN Jacket Potato Packed lunch

Signature (parent/carer): Date: