



# MEDICAL /DENTAL APPOINTMENT IN SCHOOL TIME

NAME  
OF CHILD:

CLASS:

APPOINTMENT  
CARD/LETTER  
SEEN:

DATE OF APPOINTMENT:

TIME OF APPOINTMENT:

TIME TO BE **COLLECTED** FROM  
SCHOOL:

TIME TO BE **RETURNED** TO  
SCHOOL:

REASON FOR APPOINTMENT WITHIN SCHOOL TIME:

SIGNATURE OF ADULT :

RELATIONSHIP TO CHILD:

HEADTEACHER AUTHORISE APPOINTMENT:

**YES/NO**

ACTION/REFERRAL: