

MEDICAL EVIDENCE FORM



Student Name: **Year/Form:**

Off school from: to:	
Total number of days off	
Please give details of sickness or injury (<i>sick, ill or unwell is insufficient</i>):	
Did you visit the doctors:	
YES – <i>please provide surgery stamp or appointment card.</i>	NO - <i>Please state why</i>

Signed:
Parent/Carer

Date: