Burrough Green C of E Primary School



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NOTIFICATION OF ABSENCE

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Childs Name:		Childs Name:		
Dates of absence (please give time if an appointment)		Dates of absence (please give time	e if an appointment)	
Reason for absence:		Reason for absence:		
Doctor's appointment	Cold	Doctor's appointment	Cold	
Dentist's appointment	Cough	Dentist's appointment	Cough	
Hospital appointment	Sore Throat	Hospital appointment	Sore Throat	
Stomach ache	Nausea/Vomiting	Stomach ache	Nausea/Vomiting	
Temperature	Headache	Temperature	Headache	
Other (please give details below)		Other (please give details below)		
Signed:		Signed:		