



NOTIFICATION OF ABSENCE

Childs Name:

Dates of absence (please give time if an appointment)

Reason for absence:

Doctor's appointment	<input type="checkbox"/>	Cold	<input type="checkbox"/>
Dentist's appointment	<input type="checkbox"/>	Cough	<input type="checkbox"/>
Hospital appointment	<input type="checkbox"/>	Sore Throat	<input type="checkbox"/>
Stomach ache	<input type="checkbox"/>	Nausea/Vomiting	<input type="checkbox"/>
Temperature	<input type="checkbox"/>	Headache	<input type="checkbox"/>

Other (please give details below)

Signed: \_\_\_\_\_

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