



Medical Evidence for pupils who have missed school due to illness.

To be completed by the parent/guardian:

Section A:

Date: _____

Pupils Name: _____

Reg: _____

My son/daughter was unfit to attend school from _____ and returned to school on _____.

My son/daughter was unfit for school due to* _____

Section B: (If applicable)

The pupil was seen by the doctor Yes/No

The pupil was seen by a nurse Yes/No

The pupil was seen in the surgery at reception Yes/No

The pupil did not attend the surgery but the doctor/nurse spoke to the parent/guardian on the telephone Yes/No

The pupil was thought to be unfit to attend school Yes/No

Signed by member of surgery staff

Name (Please print) _____

Signature: _____

Date: _____

Practice Stamp:

Declaration by parent/guardian

I understand that it is fraudulent to claim that my son/daughter is ill when he/she is fit to attend school.

Signed by parent/guardian

Name (Please print) _____

Signature _____

Date: _____

***Please note "illness" or "unwell" are not acceptable please give type of illness**