



# Denmark Road High School

## Leave for Medical Appointments

All Appointments for Doctors or Dentist should be made outside of school time. For Hospital or orthodontic appointment please provide details below and attach a copy of the appointment letter or card to this form.

If Appointment made by phone please circle: Hospital/Orthodontist

Name of Student: \_\_\_\_\_ Form: \_\_\_\_\_

DATE OF APPOINTMENT: \_\_\_\_\_ To be collected from school TIME: \_\_\_\_\_

Time of return to school: \_\_\_\_\_

I will collect my daughter from Main Reception:

Signature of Parent/Carer: \_\_\_\_\_

Name of Parent/Carer: \_\_\_\_\_

*The school operates Safeguarding procedures and takes its responsibility of duty of care for students seriously. Therefore we would be grateful if parents/carers would abide by the procedures set for all students in the main school.*

*All students in Years 7-11 MUST BE collected from THE MAIN RECEPTION by their parent/carer, or another adult contact on their student data sheet. Students should go to Student Services to sign out. Students will then go to the main reception when their parent/carer arrives.*

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(Please do not write below this line)

Leave has been approved:

% Attendance \_\_\_\_\_

Name of Student: \_\_\_\_\_ Form: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

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