

F/Forms/Unable to Attend

To whom it may concern

Date: _____

Child's Name: _____

Attended the surgery/hospital today and in my opinion he/she is

1. Unable to attend school for _____ days.
2. Fit to attend school.
3. May attend but no physical activities for recommended period of _____ Days/weeks

Please delete as applicable and stamp with surgery address date/time.

Many thanks for your cooperation in supporting King Richard School to achieve positive outcomes for our students.

