



To ensure the validity of this card please complete in its entirety and validate with the surgery stamp

ELTON HIGH SCHOOL

I can confirm that the parent / carer of.....

Contacted the GP surgery for an appointment today .....

The child should refrain from school  NO  YES please delete as appropriate

In your professional opinion does the child need to refrain from school, if yes please indicate for how long they must refrain from education. This student should refrain for ..... Days

*\*Please be aware that if court action is pursued then you may be asked to provide evidence to support the claim that all absences are genuine.*