PUPIL APPOINTMENT CONSENT FORM

Child's name: _____

Class: _____

Date of Appointment: _____/_____/_____ Time of Appointment: _____

Reason for appointment:-

- ☐ Medical
- ☐ Hospital appointment
- ☐ Dental / Orthodontic
- ☐ Counselling
- ☐ Emergency Optician appointment (General Optician appointments will **not be** authorised)
- ☐ Other (Please specify):

I will collect my child from reception at (time): _____:_____

☐ I will provide evidence of the appointment (e.g. hospital letters, etc.)

Name of Parent/Carer:
Signature:
Date:
Contact number :

Comments:

OFFICE PURPOSES ONLY

- ☐ Class teacher notified
- ☐ Child to come to the office at specified time
- ☐ Evidence of appointment supplied
- ☐ Appointment authorised

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