



## SKEGNESS ACADEMY

### MEDICAL APPOINTMENT CARD

**Dear Parent/Carer**

If your child has to attend a medical appointment, please ask the Receptionist to date stamp the space at the bottom. This will be used as evidence by the Education Welfare Team as proof of attendance.

**Dear Medical Provider**

Please stamp or sign and date this form as proof of attending an appointment.

Pupil Name:

Year:

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