My child…………………………………………………………………………..… (Child’s name)

In class ………………….was absent from school on ……………………………… (Date)

for the following reason(s);

Illness/complaint (please tick at least one of the following):

○ Cold and Flu

○ Head lice. Please specify treatment:......................................................
.....................................................................................................................

○ Coughing/wheeze/croup

○ Asthma

○ Diarrhoea

○ Childhood infectious disease i.e. measles etc. Please specify details
  including treatment:...............................................................

○ Stomach upset

○ Surgery/hospitalisation. Please provide details:

.....................................................................................................................

○ Other ....................................................................................................

Other reasons for being absent from school other than illness:
.....................................................................................................................

Parents Name: ...........................................  Signed:...........................................

Date: ......................................................
My child…………………………………………………………………………..…   (Child’s name)

In class .............................. was absent from school on .................................   (Date)

for the following reason(s);

**Illness/complaint (please tick at least one of the following):**

- Cold and Flu
- Head lice. Please specify treatment: .................................................................
- Coughing/wheeze/croup
- Asthma
- Diarrhoea
- Childhood infectious disease i.e. measles etc. Please specify details including treatment: .................................................................
- Stomach upset
- Surgery/hospitalisation. Please provide details: .................................................................
- Other ..........................................................................................................................

**Other reasons for being absent from school other than illness:**

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Parents Name: .................................................    Signed: .................................................

Date: .................................................................