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## WORKING IN PARTNERSHIP TO RAISE SCHOOL ATTENDANCE

<b>Surgery Details:</b>	
<b>Address:</b>	
<b>Post Code:</b>	<b>Tel Number:</b>
<b>Name of Pupil:</b>	<b>DOB:</b>
<b>Name of Parent/Carer:</b>	<b>Parent Carer Consent:</b>
<b>Signature of Parent Carer:</b>	

The above child reported to this surgery today DATED \_\_\_\_\_ and was seen by

DR/PRACTICE NURSE: \_\_\_\_\_

It is confirmed that:

\*Delete as applicable

- A) The child's diagnosis/treatment will not impact on his/her ability to attend school – therefore **they are able to attend school.**
- B) The child will be expected to remain absent from school for \_\_\_\_ days.
- C) The child was unable to attend school from \_\_\_\_\_ to \_\_\_\_\_ due to this illness.

**This form requires the practice stamp.**

Additional Information by Practitioner:	
Signed:	Date:
Position Held:	Dr/Practice Nurse:

**We reserve the right to check any details supplied by medical practitioners**

