



## Medical Appointment Request Form

Please complete this form if your child needs to attend a medical appointment during school hours.

Child's Full Name: \_\_\_\_\_

Class / Year Group: \_\_\_\_\_

Date of Appointment: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_

Reason for Appointment: \_\_\_\_\_

Order School Dinner? If Yes then what? \_\_\_\_\_

☐ Yes

☐ No

Additional Notes (optional):

\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return via email [parent.mail@hwis.hants.sch.uk](mailto:parent.mail@hwis.hants.sch.uk) or by hand to reception

