

CROSSHALL INFANT SCHOOL
ACADEMY TRUST

SICKNESS/MEDICAL ABSENCE FORM

Reason for Absence from School

NAME OF CHILD

WAS ABSENT FROM

TO(inclusive)

ADDRESS

.....

DATE

CLASS

REASON FOR ABSENCE

.....

.....

SIGNED

PLEASE RETURN TO THE OFFICE AS SOON AS POSSIBLE AFTER THE
ABSENCE.

**Please be aware that if your child is sent home with
sickness/diarrhoea they are NOT to return to school for
a clear 48-hour period from the end of the illness to
avoid the spread of infection to other children and staff.**