

Please get this card completed when you take your child to the doctor or pharmacist.

**Date:** \_\_\_\_\_\_\_\_\_\_

**Time:** \_\_\_\_\_\_\_\_\_\_

**Please**

**Stamp**

**Here**

**Name of child:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

was seen by the doctor/pharmacist today

and is well enough to attend school

 is too ill to attend school

 *[please delete as appropriate]*

 for \_\_\_\_\_ days

 *[please complete as appropriate]*

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