

Surgery Stamp here:



I can confirm that the parent/carer of _____
contacted the doctors surgery for an appointment today _____
and the child should refrain from school YES NO for _____ days

Surgery Stamp here:



I can confirm that the parent/carer of _____
contacted the doctors surgery for an appointment today _____
and the child should refrain from school YES NO for _____ days

Surgery Stamp here:



I can confirm that the parent/carer of _____
contacted the doctors surgery for an appointment today _____
and the child should refrain from school YES NO for _____ days

Surgery Stamp here:



I can confirm that the parent/carer of _____
contacted the doctors surgery for an appointment today _____
and the child should refrain from school YES NO for _____ days