

**Belthorn Academy  
Primary School**



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

was seen by the Doctor/Dentist\*  
and is well enough to attend school/is  
too ill to attend school

*[please delete as appropriate]\**

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

*[please complete as appropriate]*

Please get this card  
completed when you  
take your child to the  
Doctor or Dentist

**Please  
Stamp  
Here**

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

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

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