Littleover Community School & Sixth Form Centre

STUDENT APPOINTMENT CONSENT FORM

PLEASE NOTE: Students are not permitted to leave school during the day unaccompanied.

Name of Student: _____ Form Group: _____

Date of Appointment: _____/_____/_____ Time:_____:_____

Reason for appointment:-

- ☐ Medical
- ☐ Hospital appointment
- ☐ Dental / Orthodontic
- ☐ Counselling
- ☐ Emergency Optician appointment (General Optician appointments will **not be** authorised)
- ☐ Other (Please specify):_____

I will collect my child from reception at (time): _____:_____

☐ I will provide evidence of the appointment (e.g. hospital letters, etc.)

Name of Parent/Carer: _____ Date: _____/_____/_____

Signature: _____ Contact number:_____

Comments:

INSTRUCTIONS FOR THE STUDENT

The student needs to take the completed form to their Form Tutor for approval before or on the day of the appointment. The approved form should then be shown to the teacher whose lesson they need to leave and then bring the form to Student Services to sign out.

If the appointment is for first thing in the morning, the student needs to bring the completed form (i.e. filled in and signed by both parent/carer and Form Tutor) to Student Services the day before the appointment.

Approved by Form Tutor:_____ Date: Date: _____/_____/_____