Medical Evidence Form

To whom it may concern

At King Edward VI Five Ways School we are committed to working with pupils and their parents/guardians to improve attendance as there is strong evidence that poor attendance may result in a pupil not meeting their potential. Please can you confirm by signature and/or practice stamp

that (insert pupil name) has attended the surgery, or practice today.

Is this condition likely to impact further on their school attendance? YES / NO

Signed:

Date:

Practice Name / Stamp: