

## Further evidence request relating to school absence or special consideration

Child's Name:	Child's Date of Birth:
Child's Address:	Name of school requesting further evidence and name and role of school staff member requesting information
<p>Indicate the type of evidence being requested (please tick one box):</p> <p><input type="checkbox"/> Authorisation for school to contact the surgery</p> <p><input type="checkbox"/> Request for a GP letter relating to a request for a child's absence from school*</p> <p><input type="checkbox"/> Request for a GP letter relating to a request for Special consideration*</p> <p>*Please note that GP letters relating to school absence or special consideration cannot be provided for free from the NHS.</p>	Please provide further details on the evidence being requested, including the time period and illness in question:
Parent's / Guardian's name (please print):	Date:
Parent's / Guardian's signature of authorisation:	Parent's / Guardian's contact phone number:
Parent's / Guardian's address (if different from above):	

Please refer to the '**Guidance for parents asked to provide a GP note for school**' letter for further details.