



# Ranelagh Primary School

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**Head Teacher:** Mrs Shella Lawrenson

**Deputy Head Teacher:** Miss Leigh Welburn

## PARENTAL MEDICAL CONSENT FORM

Dear Sir/Madam

This is to confirm that I have no objection to Ranelagh Primary School writing to my GP to obtain medical information regarding the poor attendance of my child/ren at school.

Child's name	DOB	School

Name of GP: \_\_\_\_\_

Address: \_\_\_\_\_

Tel no: \_\_\_\_\_

Signed by parent/carer: \_\_\_\_\_

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

