## **The Arlington Road Medical Practice**

1 Arlington Road · Eastbourne · East Sussex · BN21 1DH Telephone: 01323 727531 · Facsimile: 01323 417085 www.arlingtonroadsurgery.nhs.uk

## **Partners**

Dr Peter Williams • Dr Robert Deery • Dr Debra Davison • Dr Paul Frisby • Dr David Higgs Dr Mark Jones • Dr Iftikhar Ahmad • Dr Ben McFadden • Dr Laure Berthelot-Cabaret

Salaried General Practitioner:- Dr Alexandra Graham · Dr Jenani Jegatheeswaran

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

Please complete your child's details...

						1	
Surname	Forena		9		DOB	/	1
Home Address		_	chool Name Address				
Indicate the type of evidence being requested (please tick one box):			Please provide further details on the evidence being requested, including the time period and illness in question:				
☐ Authorisation for school to contact the surgery			ne period and	ı iliness in	question	n:	
☐ Request for a GP letter relating to the child's absence from school*							
☐ Request for a GP letter relating to a request for special consideration*							
*Please note that GP letters relating to school absence or special consideration cannot be provided free of charge on the NHS. There will be a charge of £15.00 and an agreement must be reached between the school and parent/guardian.							
Please indicate whether the parent/carer or school is meeting the cost of any letter provided. □ Parent/guardian □ School		letter					
Parent/Guardian's Name (Please print):		nt): P	arent/Guardia	n' Signatu	re of Aut	horisa	tion:
Parent/Gu from abov	uardian's Address (if differe /e)	ent					
Parent/Guardian's Telephone Number							
Date							