



St Marylebone Church of England School

64 Marylebone High Street

London W1U 5BA

Medical Confirmation of Absence from School

(To be completed by your family doctor or the receptionist at the practice)

**I confirm that _____ (name of child)
contacted the practice on _____ (date) for
_____ (reason).**

**They were considered unfit for school from _____
until _____**

Signed _____

Designation _____

Medical Practice stamp: