

REASON FOR ABSENCE NOTE

The Principal
Douglas Park Public School
DOUGLAS PARK 2569

A separate note is required for each child.

Please excuse my child of class

who was absent on
Day of week Date

Reason for absence -

- Sick**
- | | | | |
|-------------------------------------|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> cold | <input type="checkbox"/> diarrhoea | <input type="checkbox"/> vomiting | <input type="checkbox"/> whooping cough |
| <input type="checkbox"/> measles | <input type="checkbox"/> mumps | <input type="checkbox"/> chicken pox | <input type="checkbox"/> Polio |
| <input type="checkbox"/> diphtheria | <input type="checkbox"/> tetanus | | |
| <input type="checkbox"/> other | Please specify | | |

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This information is necessary because of the exclusions provisions of the NSW Public Health Act 1991.

- Other**
- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> dentist | <input type="checkbox"/> fracture | <input type="checkbox"/> check up doctor |
| <input type="checkbox"/> family business | Please specify | |

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Please ensure that your child hands this note to the class teacher.

Signed
Parent/Guardian

Date