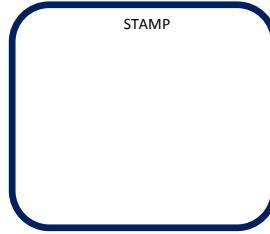




## Penwortham Girls' High School Medical Evidence Card



I can confirm that the parent / carer of: \_\_\_\_\_

Contacted the doctor's surgery for an appointment today: DATE: \_\_\_\_\_

And the child should refrain from school

☐ NO

☐ YES

For

days

**Please note: This card must be stamped**



## Penwortham Girls' High School Medical Evidence Card

STAMP

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