

Medical Leave Request Form for Students

This **medical leave request form** is designed specifically for students to formally notify their educational institution about an absence due to health reasons. It ensures all necessary details are provided to facilitate proper documentation and approval. Using this form helps maintain clear communication between students, parents, and school administrators.

Student Information

Student Name:

Student ID:

Class / Section:

Leave Details

Start Date of Leave:

End Date of Leave:

Reason for Leave:

Contact Information

Parent/Guardian Name:

Contact Number:

Certification

I hereby request leave from school for the period stated above due to medical reasons and certify that the information provided is accurate.

Signature (Student/Parent/Guardian):

Date:

Submit Request