

# Health Leave Application

Date: \_\_\_\_\_

To,  
The Principal,  
[School Name],  
[School Address].

Respected Sir/Madam,

I am writing to formally request a leave of absence for my child, [Child's Name], who is a student of [Grade/Class] at your esteemed institution. Due to health reasons, [he/she/they] has been advised by our family doctor to take rest and refrain from attending school for [number of days] days, starting from [start date] to [end date].

Attaching the medical certificate for your perusal.

We appreciate your understanding regarding this matter.

Thank you for your attention.

Sincerely,  
[Your Name]  
[Your Relationship with the Child]  
[Your Contact Information]