Medical Leave Notification

Date: [Insert Date]

To,

[Principal's Name]

[School's Name]

[School's Address]

Dear [Principal's Name],

I am writing to formally notify you that my child, [Child's Name], a student of [Grade/Class Name], will be unable to attend school from [Start Date] to [End Date] due to a medical condition.

We have consulted with a physician who has advised a period of rest and recovery. A medical certificate is attached for your reference.

We appreciate your understanding in this matter and will ensure that [Child's Name] keeps up with the missed assignments and classwork during this period.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]

[Relationship to Child]