

## Planned Hospital Visits

Please use this form to inform us of any planned hospital visits as early as possible and where possible the length of recovery time at home. We will use this information to support you and your child and where appropriate provide work for your child to complete at home. Thank you.

**Name:**

**Tutor:**

**Hospital Dates:**

**Anticipated recovery time at home:**

**Planned return to school date:**

**Details of procedure**

**School Strategy (To be completed by school)**

Home learning pack

Daily contact with attendance staff

Daily contact with tutor

**Other (please detail)**