

*Clinic address*

*DATE*

*The Head teacher*

*Name and address of school*

Dear [Sir / Madam]

**Re: *CHILD’S NAME DATE OF BIRTH***

 ***ADDRESS***

[Child’s name]has been diagnosed with faecal impaction, which means [he/she] is suffering from severe constipation. The treatment for this is large quantities of laxatives given over several days.

It is not appropriate for [child’s name]to attend school during this time as the treatment will make them go to the toilet much more than usual. [He/she] will also need to be given the laxatives at intervals through the day. Faecal soiling is not uncommon during the disimpaction process.

[Child’s name]will therefore remain at home for up to about 10 days starting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Work may be sent home if appropriate.

Yours faithfully,

*Health professional’s name*

*Health professional’s designation*