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

School Name  
Address  
City (Québec) Postal code

**Re : Leave of absence from school for Full Name**

To whom it may concern,

We, hereby, inform you that the above-mentioned person must be absent from school for medical reasons for an indefinite period. This leave of absence is requested by the Direction de santé publique [Public Health Department]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We appreciate your co-operation in the above,

Signature