Ear Pain Leave Letter By Parents

[Your Name]
[Your Address]
[City, State ZIP Code]
[Date]

[Teacher's or Principal's Name]
[School Name]
[Address]
[City, State ZIP Code]

Subject: Leave of Absence for Child Due to Ear Pain

Dear [Teacher's or Principal's Name],

I am writing to request a leave of absence for my child [Child's Name] from [Start Date] to [End Date] due to severe ear pain. My child has been experiencing sharp pain and discomfort in the ear for the past few days, which has made it difficult for them to focus and participate in class activities. The pain is also accompanied by headaches and dizziness, which further exacerbate the situation.

My child's doctor has advised them to take some time off from school to rest and receive medical attention. Therefore, I am requesting a leave of absence for them during the aforementioned period. I will be taking my child to the doctor for medical treatment and ensuring that they follow a prescribed rest plan to ensure a speedy recovery.

I understand the importance of keeping up with their studies and will make every effort to catch up on any work that they miss while they are away. Please let me know if there are any specific requirements or documentation needed from my end.

Thank you for your understanding and support during this time. I look forward to my child's return to school and resumption of their studies as soon as possible.

Sincerely,

[Your Name]