

## CHRONIC HEALTH CONDITION GUIDELINES PARENT AGREEMENT

1. The student **must complete** the homework satisfactorily in order to receive course credit. Sometimes, a student falls so far behind that it is nearly impossible to catch up; classes that include lab components can seldom be duplicated in a home setting. Under these circumstances, the student's best option may be to withdraw from the course, audit the course, or take a correspondence class.
2. Students who are absent from school due to illness are not eligible to participate in competitive sports, pom, cheer, chorus, marching band or other extracurricular activities that fall on a day the student is absent.
3. If there are sporadic absences during the day, your child will need to bring a written note from the doctor, therapist or health care provider to excuse those absences.
4. A parent or guardian must call in each absence to the school and specify the reason for the absence. Absences must be reported within 48 hours of the missed school day. Absences which are not related to the diagnosed health problem should be reported as such and are considered separately. Certification of the student's health condition is not intended to be used to excuse absences that are unrelated to the diagnosed health problem.  
**Misuse will result in revocation of the student's participation in the program.**
5. The school nurse may make contact with the health care providers in order to confirm information; therefore, parents are asked to authorize the release of medical information, by signing below, so that the physician and school nurse may share information concerning the diagnosis.
6. Chronic illness does **not exempt** the student from the district/state graduation or promotion requirements.
7. A student with a chronic health condition must reapply and complete the program certification process each school year.
8. Student and parent must meet with the school administration, prior to being approved for this program.
9. This form will need to be completed each school year.

### **Authorization to Release Information**

I authorize the release of information from the physician name below to furnish verbal/written medical information relating to the student's chronic health condition. I understand that the school nurse will also provide input to this physician.

Student Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Phone: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Certification: Chronic Health Problem

**This form is to be completed by a health professional and returned to the school nurse within 30 days, prior to completing the Instructional Agreement**  
**This form must be updated each school year.**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Definition:** A.R.S. §15-346, Pupils with Chronic Health Problems (CHP) 1. Pupils who are not homebound, but who are unable to attend regular classes for intermittent periods of one or more consecutive days because of illness, disease, or accident as certified by a health professional who is licensed pursuant to Title 32, Chapter 7, 8, 13, 14, 15, 17, or 25. These licensed health professionals include: psychiatry, psychology, podiatry, chiropractic medicine, naturopathic medicine, osteopathy, physicians assistants, or registered nurse practitioners. The student must be examined by a licensed healthcare professional and certified as being a student who may frequently be absent from school due to a chronic health problem requiring management on a long-term basis but is NOT expected to be absent enough days to require homebound services (unable to attend class for 60 days/or three school months). If absences amount to 3 school months (or sixty (60) school days) homebound services should be considered.

1. Diagnosis: \_\_\_\_\_

2. Prognosis: \_\_\_\_\_

3. Estimated Duration: \_\_\_\_\_

4. Limitations Affecting Educational Activities and Attendance: \_\_\_\_\_

5. Physical Education Adaptations: \_\_\_\_\_

6. Anticipated surgeries, treatments, or hospitalizations that may interfere with regular school attendance. \_\_\_\_\_

I hereby certify the above student ☐ should/☐ should not be registered as having a chronic health condition during the school year \_\_\_\_\_ for the time indicated below.

**Timeframe:**    ☐ **less than 90 days**                      ☐ **greater than 90 days**

Name of Health Professional (please print): \_\_\_\_\_

☐MD    ☐ND    ☐DC    ☐NP    ☐PA    ☐DO    ☐DPM    Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## School/Parent Instructional Agreement for

**Students with Chronic Health Conditions during the School Year \_\_\_\_\_** (see time frame below)

**This form is to be completed after the medical certification form has been completed by health professional.  
This form must be updated each school year.**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_ (Received at School)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ (Medical Certification)

Parent/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Timeframe:**    ☐ less than 90 days    ☐ greater than 90 days

**Complete the following checklist:**

- ☐ 1. Medical certification of chronic health condition (diagnosis, prognosis, and inability to attend school regularly) fully completed, to include physical limitations for physical education.
- ☐ 2. School has noted chronic condition on attendance register/student database as Chronic Illness.
- ☐ 3. School nurse informed of student's chronic health condition and noted in Student Information System (SIS) and nurse's database.
- ☐ 4. Student's teacher(s) informed of student's chronic health condition.
- ☐ 5. If applicable, school counselor informed of student's chronic health condition.

**Instructional Agreement – Teacher, parent, and nurse/or counselor if applicable shall meet within 15 days from the school's receipt of the Medical Certification.**

- ☐ Teachers agree to provide homework and contact during absences for the designated timeframe. Please describe.

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- ☐ Parent Guardian agrees to return completed homework to the school for absences during the designated timeframe as follows (at minimum, weekly):

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- ☐ Relevant information: \_\_\_\_\_

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**Signatures – This agreement will be forwarded to school administration for review PRIOR to signatures by parent and teacher.**

Principal Signature: \_\_\_\_\_

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

Teacher Signature: \_\_\_\_\_

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

Parent Signature: \_\_\_\_\_

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