



CHRONIC HEALTH CONDITION GUIDELINES PARENT AGREEMENT

- The student <u>must complete</u> 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:			



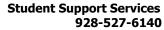


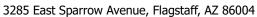
Medical Certification: Chronic Health Problem

This form is to be completed by a <u>health professional</u> and returned to the school nurse within 30 days, prior to completing the Instructional Agreement

This form must be updated each school year.

Studer	nt's Nam	ie:					School	ol:		Date:	
School	Nurse:						Grade	e:		DOB:	
Parent	's/Guard	lian's Na	me:						Work Phone	e:	
Addres	ss:						_ Home Phoi	ne:		Cell Phone:	
to atte certifie profess assista being a long-te	end regued by a lasionals ints, or a studer bas or three	lar class nealth p nclude: registerent who r s but is	ses for in rofession psychia ed nurse nay freq NOT exp	termittennal who in try, psyconomics practition uently be bected to	nt period s license hology, poners. The absent o be abse	Is of one of the one of the original or	or more consent to Title 32, on the chiropractic ments the example of the control	cutive days Chapter 7, edicine, nat mined by a nronic healt uire homeb	s <u>because of</u> 8, 13, 14, 1 curopathic managed he dicensed he th problem nound service	ot homebound, but whe fillness, disease, or access, 17, or 25. These licentedicine, osteopathy, prealthcare professional arequiring management es (unable to attend cladys) homebound servi	cident as ensed health nysicians nd <u>certified as</u> on a ass for 60
1.	Diagn	osis:									
2.	Progn	osis:									
3.	Estima	ated Dur	ation: _								
4.	Limitations Affecting Educational Activities and Attendance:										
5.	Physical Education Adaptations:										
6.	Anticipated surgeries, treatments, or hospitalizations that may interfere with regular school attendance										
	•	•					ot be registere	d as having	g a chronic l	health condition during	the school
year _		for	the time	e indicate	ed below	<i>I</i> .					
Timefr	ame:	□ less	s than 90	0 days		□ grea	ater than 90 d	ays			
Name	of Healt	h Profes	ssional (olease pr	rint):						
□MD	□ND	□DC	□NP	□PA	□DO	□DPM	Agency:				
Addres	ss:									ne:	
Signati	ure:								Date	2:	







School/Parent Instructional Agreement for

	completed after the med		as been completed	(see time frame below) by health professional.
ıdent's Name:		Date:		(Received at School)
nool:	Grade:	DOB:	Date:	(Medical Certification
rent/Guardian's Name:			Work Phone:	
dress:		Home Phone:		Cell Phone:
neframe: 🔲 less th	an 90 days 🔲 greate	r than 90 days		
□ 4. Student's teac □ 5. If applicable, s structional Agreement ceipt of the Medical Cei	her(s) informed of student's school counselor informed of — Teacher, parent, and no	chronic health condition. student's chronic health co	ndition. licable shall meet w	on System (SIS) and nurse's database within 15 days from the school's ame. Please describe.
	n agrees to return completed			e designated timeframe as follows (at
Relevant inform	ation:			
_				signatures by parent and teacher
rent Signature:			Date:	