

CHESTER COMMUNITY CHARTER SCHOOL
School Year 2018-2019
EXPLANATION OF MEDICAL ABSENCE PROCEDURE & FORM

Parents/Guardians,

It is important that your child's absence from school be excused in order to keep your child from being classified as truant. Pennsylvania Law requires that any student who is determined to be habitually truant be reported to the appropriate authorities and the responsible parties prosecuted according to law.

In order to classify a student's absence as excused, CCCS will accept a written excuse explaining the absence from a parent or guardian which is required to be submitted within three (3) days of the student's absence. The attached Explanation of Medical Absence Form may be used in the following circumstances:

- If a Student is absent for medical reasons, the parent/guardian must provide a written note/certification from a Doctor's office **or** provide a completed Explanation of Medical Absence Form.

CCCS considers the following conditions to constitute reasonable cause for absence from school or an excused absence:

- Late School Buses
- Personal illness
- Medical and dental examination and/or treatment of the student when such appointments cannot be scheduled other than during school hours
- Death in the family of the parent/guardian or close family member
- Observation of a religious holiday
- Emergency conditions in the student's home (Upon students return documentation is necessary)
 Ex. Sudden Death, Major Utility Failure, Power Outage, Fire
- Other similar circumstances.

CCCS MAY REQUIRE ADDITIONAL INFORMATION FROM THE PARENT/GUARDIAN REGARDING THE STUDENT'S ABSENCE(S) AND/OR THE INFORMATION SUBMITTED ON THE EXPLANATION OF MEDICAL ABSENCE FORM.

CHESTER COMMUNITY CHARTER SCHOOL

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EXPLANATION OF MEDICAL ABSENCE FORM

Absence for Medical Reason with no Doctor Note

DATE: _____

Student's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Date(s) of Absence: _____

Medical Reason for Student's
Absence: _____

Was Doctor or Nurse Practitioner or other Medical Professional consulted? Y ___N___

Why and When? _____

If so, who was consulted? Please provide a phone number and contact info:

What was the result of the Consult? _____

Authorization & Verification

_____, parent/guardian of the above-referenced student, verifies that the information provided in this Explanation of Medical Absence Form is true and correct to the best of his/her knowledge, information and belief. The parent/guardian makes this verification with a full understanding of 18 Pa. C.S.A. §4904, which relates to penalties for unsworn falsifications to authorities.

The parent/guardian authorizes CCCS to verify the above information with the named Medical Professional(s).

Signature of Parent/Guardian