Student Name: _____ Grade: _____ School: _____

Chronic Conditions Guidelines

If a student has a chronic condition that interferes with attendance, as documented in a physician's statement, then a plan to accommodate the student's medical needs will be addressed by school staff. In addition, the school may review home hospital placement if necessary for the success and health of the student—if supported by a physician.

If accommodations to assist the student are in place and an attendance barrier still exists, the school will work with the student to implement an appropriate number of extra parent notes related to the student's ability to attend school.

Parent and school must document current modifications in place to assist the student with being successful in school.

Parent must provide a doctor statement indicating a need for absences due to a chronic condition (see back side). The statement or letter must provide an *expected duration* for attendance to be impacted by the condition, i.e. attendance will be a concern through a specialist referral process-4 weeks or attendance will be a concern through medication change – 2 weeks, etc.

A medical excuse / 10 dr. note may also be required.

Any mental health condition extending absences requires a note from a licensed psychologist or psychiatrist.

If approved, a parent note must be sent for any absences related to a chronic condition, or they will remain unexcused. The note should state that the absence is related to the chronic condition covered in the doctor note.

If continued, excessive absences may be communicated and discussed with the physician, and by signing this form I give my permission for the physician to discuss this with school personnel.

By signing, I agree that I understand what must happen in order to ensure that absences are excused and that we are all on the same team in ensuring quality health and education for our students.

_____ _____

Parent Signature and Date Signed Print Name

_____

Student Signature and Date Signed Print Name

Office Use only:

Form must be submitted to the Office of Student Services (email to becky.cooper@scott.kyschools.us) for approval once approved it will be returned to the attendance clerk and school counselor.

Approved by: _____

Dates: _____

Principal or designee:

Please describe what modifications or accommodations exist to support the student being in school:

Physician—please complete information below to help us better serve this student

Physician Name:

Medical condition that is impeding student engagement in school:

Why and how is this condition is impacting student attendance (please review modifications above):

Explanation of how this condition is expected to impact student attendance, i.e late to school, when absences may be expected to occur, and quantity if able to state:

Practical plan being followed to reduce the separation from school:

Duration of expected impact on school engagement:

Healthcare Provider Signature:

Date: