



## Long Term Illness Form

Healthcare Professional:

Please fill out this form in its entirety.

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

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

1. Does the student have a serious or life-threatening illness? YES/NO

a. If the answer to #1 is yes, please list the serious or life-threatening illness here

\_\_\_\_\_

2. Does the serious or life-threatening illness listed above prevent the student from attending school? YES/NO

a. If the answer to #2 is yes, please provide the anticipated period of absence due to the serious or life-threatening illness or related treatment listed above

\_\_\_\_\_

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Signature of Healthcare Professional

A student with a mental health or substance abuse condition who is being treated for a serious illness (TEC, §25.087(b)(3)) in an outpatient day treatment program or partial hospitalization program, under the care of a health care professional licensed, certified, or registered to practice in Texas, shall be excused for the authorized treatment period, and shall not be withdrawn from school. The discharge summary from the outpatient day treatment or partial hospitalization program must include treatment admission and discharge dates to be provided to the school by the family upon return to school as documentation to excuse absences for the duration of the authorized outpatient treatment plan or partial hospitalization.

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