



Policy © 5-104 and © 5-104.A

EXCLUSIONS AND EXEMPTIONS FROM SCHOOL ATTENDANCE

CERTIFICATION OF STUDENTS WITH CHRONIC HEALTH CONDITIONS

(Obtained from a licensed health professional or licensed registered nurse practitioner)

Acknowledgment of Disclosure of HIPAA protected information: The student, through their parent/guardian, is hereby requesting the below information for the benefit of the student's education. Disclosure is permitted by 45 C.F.R. §164.502(a).

Student's name

Address

District

School

Grade level

Date of birth

Phone Number

Date of initial consultation

Parent/Guardian Name

Date

Signature of Parent/Guardian

Licensed health professional or licensed registered nurse practitioner diagnosis:

Licensed health professional or licensed registered nurse practitioner prognosis:

Physical limitations affecting physical education activities:

- Do you anticipate this student missing more than 60 school days?

Estimated number of absences from school due solely to this condition for the academic year (includes any office visits, surgeries or treatments that may interfere with school attendance):

Yes No # of days anticipated

- Absences will be intermittent continuous
- Absences should not exceed 18 days per school year – does **NOT** qualify for chronic illness status

Other relevant information:

Name of licensed health professional or licensed
registered nurse practitioner

Title

Signature of licensed health professional or licensed registered nurse practitioner

Date

(For School District use only)

Reviewed by District Registered Nurse

Date