



Chronic Health Condition Instructional Agreement

School Year 20__20__

Dear Parent/Guardian,

If your child has a chronic (recurring) medical condition or illness/accident and may have frequent absences, pursuant to A.R.S. § 15-346 they may qualify for a chronic illness form for excused absences verified by a healthcare provider who is licensed pursuant to title 32, chapter 7, 8, 13, 14, 17 or 25 or a registered nurse practitioner who is licensed pursuant to title 32, chapter 15 that is treating the student for the qualifying chronic health condition. If you believe your child qualifies for a chronic health condition, please have your licensed healthcare provider complete the Certificate of Chronic Health Condition form and return it to the school's health office. Please read the following information to establish and maintain this authorization.

1. Chandler Unified School District will not accept any Certificate of Chronic Health Condition that is not fully complete even if it is signed by the licensed medical provider.
2. Your child will not be disqualified from earning course credit because of excessive absences related to their chronic health condition. However, your child will remain obligated to complete all required class work satisfactorily to receive course credit. It is you or your child's responsibility to request homework and return it in a timely fashion when an absence is related to the chronic health condition.
3. Absences resulting from a chronic health condition do not exempt the student from the district/state graduation or promotion requirements.
4. Students who are absent from school due to illness are not eligible to participate in competitive sports, pom, cheerleading, choirs, marching band, or other extracurricular activities that fall on a day when the student is absent.
5. This form does not automatically excuse an absence. Parents must call the school on each absence and specify the reason for the absence is "Chronic Illness". Absences that are not related to the diagnosed health problem should be reported as such and are considered separately. Certification of the student's health condition should not be used to excuse absences that are not related to the diagnosed health problem. Misuse will result in the revocation of the student's participation in the program.
6. If your child becomes ill or needs to leave school during the school day, he or she must check out through the health office. If your child leaves without checking out, the absence will be recorded as unexcused, and your child will not be permitted to make up missed work.
7. The student's certification for the chronic disease program takes effect on the date indicated by the doctor. Certification is not retroactive and will not be used to justify absences that occur before that date.
8. The Registered Nurse can contact the medical provider to confirm the information or inquire about any questions regarding the medical condition any time with the release of information signed as part of the program.
9. A student with a chronic health condition must reapply and complete the program's certification process each school year.
10. Please monitor the expected frequency of absences related to the health condition. If there is a concern about the child not making academic progress due to these absences or that the privilege is being misused, the school will contact the parent to discuss. For some chronically ill children, alternative educational programs may meet their needs more appropriately.

It is very important that you and your child understand and follow these procedures. Please review them with your child. If you have any questions or concerns about these procedures, please contact the district/school nurse.

Your child's chronic health condition may require the school to provide accommodation in addition to what has been described. If you feel that your child needs additional accommodation, you may request a conference with your child's teacher and/or counselor to establish an instructional plan that addresses any other issues that you believe are appropriate.

Student Name: _____ Student ID #: _____ Grade: _____

Parent(s) Name: _____ Parent(s) Signature _____ Date: _____