



WFISD CHRONIC ABSENCE FORM

Dear Physician,

Your patient is a student enrolled in Wichita Falls ISD. For our records, please list the chronic illness diagnosed for the student. This will allow the parent to verify illnesses, by writing the diagnosis designated below, to the school without bringing the child to your office for an examination. This document expires at the end of the academic year that it is/was received. (Date received : _____)

STUDENT'S NAME: _____ GRADE: _____

DIAGNOSIS THAT MAY AFFECT STUDENT'S ATTENDANCE: _____

START DATE THIS DIAGNOSIS AFFECTED SCHOOL ATTENDANCE: _____ END DATE: _____

The start date may only be backdated by two weeks from the date that this form is received by the school/district.

PLEASE PROVIDE A SPECIFIC DESCRIPTION OF WHY/HOW YOU EXPECT THIS DIAGNOSIS TO IMPACT SCHOOL ATTENDANCE:

ESTIMATED FREQUENCY OF ABSENCES FROM SCHOOL, INCLUDING

APPOINTMENTS:

NUMBER OF DAYS PER MONTH: _____



Will not be processed
without this section being
completed.

COMMENTS/EXPLANATIONS: _____

Will not be processed without a licensed
physician signature.

PRINTED NAME OF PHYSICIAN PROVIDER: _____

SIGNATURE OF PHYSICIAN PROVIDER: _____ DATE: _____

OFFICE PHONE: _____ OFFICE FAX: _____

PARENT/GUARDIAN AUTHORIZATION hereby requests and authorizes the exchange of information on the above diagnosis about my child between the Health designated staff of the Wichita Falls ISD and the physician named above. I request Wichita Falls ISD to inform me, the parent/guardian signing this authorization before contacting the authorizing medical professional.____(initial here to request). This contact will only be made if the frequency or length of absences exceeds those authorized above. I further understand I must submit written documentation to verify each absence and that this documentation must be turned in within 72 hours of the absence, or it will remain unexcused.

PARENT SIGNATURE: _____ PHONE: _____



FORM WILL NOT BE ACCEPTED OR PROCESSED WITHOUT A LICENSED PHYSICIAN'S SIGNATURE, CANNOT BE SIGNED BY A COUNSELOR, PHYSICIAN'S ASSISTANT, OR NURSE PRACTITIONER.

WFISD Chronic Illness Form: Submit all pages to the Physician after signing the last page

Chronic Illness Verification Form (CIVF) Information

The Chronic Illness Form allows parents to excuse absences due to a specific medical condition with the same authority as a medical professional after diagnosis by a licensed physician only. **A form signed by a Counselor, Nurse, or a Physician's Assistant will not be accepted.** Below are guidelines for completing the form correctly to establish and maintain this authorization.

- 1) Wichita Falls ISD **will not** accept any CIVF that does not have the expected frequency of episodes, length of the absence, diagnosis, appropriate symptoms listed, Physician's or Medical Group letterhead/business card attached, and appropriate signature(s). Please return the form to the parent for completion if these are not included.
 - 2) The school may fax the CIVF back to the Physician's office to verify the document's authenticity. An administrator or their designee must refuse acceptance of any CIVF found to be fraudulent, altered, or incomplete.
 - 3) Schools will only code absences A-CI when the parent provides **written** verification or phone calls are made by the parent when the student will be absent within 72 hours of the absence.
 - 4) After 10 absences in 30 days related to the chronic illness, contact with the parent and the Physician will be made. If there is a concern about the child not making academic progress due to these absences or the privilege being misused, the school will contact the student and/or parent to discuss these concerns. Alternative educational programs may appropriately meet some chronically ill children's needs.
 - 5) If the school has unresolved concerns, after talking with the student and/or parent, designated Health Services staff will contact the authorizing Physician with specific questions related to the diagnosis and absenteeism.
 - 6) Behavior issues that include ADHD, ADD, or Oppositional Defiant disorders are not included in the chronic illness letter.
 - 7) **Remember the form expires at the end of the academic year. A new form must be submitted at the beginning of the school year.**
 - 8) **If this form is not filled out completely, it will not be accepted.**
- For questions, do not hesitate to get in touch with your school nurse or WFISD Attendance Office at 940-235-1032 Fax 940-235-1356