

THIS FORM MUST BE UPDATED EACH SEMESTER OF EACH SCHOOL YEAR

Raleigh County Schools Chronic Illness Statement

To the Physician: The parent/guardian of the child listed below has notified Raleigh County Schools that the student has a chronic health condition that may impact his/her regular attendance at school. Raleigh County Schools is requesting that you verify that this child has a chronic condition and how it may impact regular attendance at school. Please note that this document could be used in court if the student becomes truant.

Student's Name: _____

School: _____ **Grade:** _____

Physician's Name: _____

Phone Number: _____

Address: _____

I grant permission to my child's physician to release any and all information to Raleigh County Schools regarding my child's medical condition. I also understand that my child is responsible for make up work, that a parent note stating the absence was due to chronic illness is to be turned in after each absence and a doctor's note must be turned in after 3 consecutive absences.

Parent/Guardian's Signature: _____ **Date:** _____

Physician's Statement: (Please state the child's chronic condition and how it may impact school attendance and return to the school's assigned attendance designee.)

How often do you foresee the student using this excuse per month? _____

Date of last appointment/office exam: _____

BY EXECUTION OF THIS STATEMENT, THE UNDERSIGNED ACKNOWLEDGE THAT HE OR SHE MAY BE SUBJECT TO TESTIFY IN COURT AS TO THE MEDICAL TREATMENT AND CONDITION OF THIS STUDENT.

Physician's Signature: _____ **Date:** _____

(According to WVDE and RCBOE policy, statements must be from MD or DO only.)

According to WVDE Policy 4110 (4.9.e) an SAT, IEP or 504 team meeting must be held to approve this student's need for a chronic illness statement. Copies of this form MUST be on file at the school and with the attendance department.

Meeting Date: _____

Principal's Signature: _____