



School Logo and address

Date

RE: Letter of Information regarding chronic medical certification.

Parent's Name

Address

Dear _____:

If your son/daughter has a chronic (recurring) medical condition, our school makes special arrangements for school work assignments. Credit will be given for completed school work.

Students with a chronic health condition are students who are unable to attend regular classes for intermittent periods of one or more consecutive days because of illness, disease, pregnancy complications, or accident but who are not homebound.

Have your doctor complete the attached medical certification form if he/she believes that your son's/daughter's condition is "chronic" and frequent absences are anticipated for the school year. If the absences would exceed 60 school days, your son/daughter may be eligible for Special Education Homebound Services.

Please return the completed Chronic Medical Certification form to _____ RN School Nurse/Health Clerk. Call me at _____ with any questions.

If (Name) _____ is eligible as a "student with chronic health conditions," the school will make sure he/she receives school work and contact with a teacher during his/her absences. The teacher will work out an agreement for school work assignments with you so (Name) _____ will receive credit for completed school work.

Sincerely,

Name

Title

Enclosure