



School Logo and
address

Date

RE: Letter of Notification for continued chronic medical certification services.

Parent's Name

Address

Dear _____:

If your son/daughter will need continued special arrangements for school work assignments due to a chronic (recurring) medical condition, please have your doctor complete the attached Chronic Medical Certification. 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.

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

Sincerely,

Name

Title

Enclosure