

THE FORM MUST BE UPDATED EACH SCHOOL YEAR.

**Mingo County Schools
Chronic Health Condition Statement (M5-M6 Code)**

Student Name: _____	Age: _____	School Year: _____
Address: _____	Telephone #: _____	
School: _____	Teacher: _____	Grade: _____

To the Parent/Guardian:

This form is to document any chronic medical condition or physical disability that may require multiple or regular absences from school. The condition making the absences necessary must be documented annually by a physician and presented to the school's SAT, IEP, or 504 team for review. Students with proper documentation of a chronic medical condition or physical disability require only a parental excuse for absences related to those conditions or disabilities. This document also does not excuse the student from completing all required class assignments. Missed assignments are the responsibility of the parent/guardian/student and must be completed in a timely manner.

I grant permission to my child's physician to release any and all information to Mingo County Schools regarding my child's medical condition.

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

To the Physician:

Mingo County Schools is requesting that you verify that this child has a chronic condition that may impact regular attendance at school. Please document the chronic medical condition or physical disability warranting special consideration for a pattern of chronic or multiple absences. Please note that this document could be used in court if the student becomes truant.

Physician's Statement: Please state below the child's chronic condition and how it may impact attendance at school and return by faxing this form to the **Mingo County Schools Office of Attendance/Student Services, Drema J. Dempsey, Fax: 304-235-3881. (Phone:304-235-7122).**

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

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

Address: _____ **Phone:** _____