Mesa Unified School District No. 4

PARENT NOTIFICATION OF CHRONIC HEALTH CONDITION GUIDELINES

1. The student must complete the homework satisfactorily in order to receive course credit. Sometimes, a student falls so far behind that it is nearly impossible to catch up; classes that include lab components can seldom be duplicated in a home setting. Under these circumstances, the student's best option may be to withdraw from the course, audit the course, or take a correspondence class.

2. Students who are absent from school due to illness are not eligible to participate in competitive sports, pom, cheer, chorus, marching band or other extracurricular activities that fall on a day the student is absent.

3. An appeal may need to be submitted for 10 or more absences. If there are sporadic absences during the day, your child will need to bring a written note from the doctor, therapist or health care provider to excuse those absences.

4. Parents must call in each absence to the school and specify the reason for the absence. Absences which are not related to the diagnosed health problem should be reported as such and are considered separately. Certification of the student's health condition is not intended to be used to excuse absences that are unrelated to the diagnosed health problem. Misuse will result in revocation of the student's participation in the program.

5. The student's certification for the chronic health condition program is effective on the date indicated by the physician. Certification is not retroactive and will not be used to excuse any absences occurring prior to that date.

6. The school nurse may make contact with the physician in order to confirm information; therefore, parents are asked to authorize the release of medical information, by signing below, so that the physician and school nurse may share information concerning the diagnosis.

7. Chronic illness does not exempt the student from the district/state graduation or promotion requirements.

8. A student with a chronic health condition must reapply and complete the program certification process each school year.

Authorization to Release Information: I authorize the release of information from the physician named below to furnish verbal/written medical information relating to the student's chronic health condition. I understand that the school nurse will also provide input to this physician.

Student's Name: _____ School Name: _____

Physician's Name: _____ Physician's Phone: _____

Parent/Guardian's Name: _____ Parent/Guardian's Phone: _____

Parent/Guardian's Signature: _____ Date: _____