

Parent Information Letter Regarding Chronic Medical Certification

To: Parent/Guardian
RE: Letter of Information regarding chronic medical certification
FR:
School:
Date:

Dear Parent/Guardian:

If your student has a chronic (recurring) medical condition or illness/accident with frequent absences, our school makes special arrangements for schoolwork assignments.

If you believe your child would qualify for a chronic medical certification, please discuss with your authorized healthcare provider.

If they believe that your student's condition is "chronic" and frequent absences are anticipated for the school year, (per A.R.S 15-346) complete the attached medical certification form.

Please note that there is a section where the authorized healthcare provider can mark "permanent". If this section is initialed by the healthcare provider, this form will not have to be completed every school year. If it is marked "temporary", the certification will apply for the remainder of the current school year.

Please return the completed Chronic Medical Certification form to the school nurse. Feel free to call at with any questions.

Sincerely,