



THE FORM MUST BE UPDATED EACH SEMESTER OF EACH SCHOOL YEAR

Morgan County Schools Chronic Health Condition Statement

To the Physician: The parent/guardian of the child listed below has notified Morgan County Schools that the student has a chronic health condition that may impact his/her regular attendance at school. A pupils' regular attendance at school is crucial to optimum learning. Learning experiences that occur in the classroom are meaningful and essential components of the learning process. Time lost from classes is irretrievable in terms of opportunity for instructional interaction.

Morgan County Schools is requesting that you verify that this child has a chronic condition that may impact regular attendance at school. Please note that this document could be used in court if the student becomes truant. This document also does not excuse the student from completing all required class assignments.

Students Name: _____

School: _____

Grade: _____ Home room Teacher: _____

Physician's Name: _____

Phone Number: _____

Address: _____

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

Parent/Guardian's Signature: _____

Date: _____

Physician's Statement: *(Please state the child's chronic condition and how it may impact attendance at school)*

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

Date of last appointment/office exam: _____

BY EXECUTION OF THIS STATEMENT, THE UNDERSIGNED ACKNOWLEDGE THAT HE OR SHE MAY BE SUBJECT TO TESTIFY IN COURT AS TO THE MEDICAL TREATMENT AND CONDITIONS OF THIS STUDENT.

Physician's Signature: _____

Date: _____

