

## PURPOSE OF A CHRONIC HEALTH FORM

The purpose of a Chronic Illness form is to ensure that students with long-term medical conditions receive the support and accommodations they need to succeed academically and attend school safely. This form allows parents and health professionals to share important information about a student's diagnosis, treatment needs, potential symptoms, or activity restrictions. By having this documentation on file, school staff can respond appropriately to health-related concerns and make informed decisions to support the student's well-being and educational access. Having an up-to-date Chronic Illness form on file helps protect families from truancy-related legal action, as it allows the school to excuse absences that are directly related to the diagnosed condition and verified by a health professional.

## CHRONIC HEALTH FORM CONDITION GUIDELINES

### **PARENT AGREEMENT** *(Please initial each line to indicate your understanding of the information below.)*

- \_\_\_\_\_ **Annual Renewal Required:** A student with a chronic health condition must reapply and complete the program certification process each school year. This includes submitting an updated Chronic Illness Form and meeting with the school administrator prior to program approval.
- \_\_\_\_\_ **Absence Reporting Requirements:** A parent or legal guardian must call in each absence to the school and clearly state the reason. Only absences related to the diagnosed health condition will be considered under the chronic illness program. Any absences unrelated to the documented condition must be reported as such and will be treated separately. You may be asked to provide written medical documentation so the absence will fall under the Chronic Illness label.
- \_\_\_\_\_ **Academic Expectations:** Students are expected to complete homework and maintain academic progress in order to receive course credit. In some cases—such as when lab-based or hands-on classes cannot be replicated at home—alternative options like course withdrawal, auditing, or enrolling in a correspondence class may be recommended if the student falls significantly behind.
- \_\_\_\_\_ **Promotion Requirements:** Chronic illness certification does not exempt students from meeting district or state academic standards required for grade-level promotion.
- \_\_\_\_\_ **Limitations on Extracurricular Participation:** Students who are absent from school for any reason, for more than half a day, may not participate in competitive sports, pom, cheer, chorus, marching band, or any other extracurricular activities on the day of the absence.
- \_\_\_\_\_ **Misuse of Certification:** Certification of a student's chronic illness is not intended to excuse absences unrelated to the diagnosed condition. Misuse of this program may result in the loss of eligibility and revocation of participation.

**Communication Between School and Health Professional:** The school health center may contact the student's health professional to confirm medical information. Parents must authorize the release of medical information by signing below, allowing communication between the health professional and the school health personnel.

Parent/Guardian Signature: \_\_\_\_\_

## CHRONIC HEALTH CONDITIONS CERTIFICATION – DEFINITION

(Arizona Revised Statute §15-346 – Pupils with Chronic Health Problems) A student may qualify for Chronic Health certification if they are not homebound, but are unable to attend regular classes for intermittent periods due to a diagnosed illness, disease, or medical condition. This must be confirmed by a licensed health professional authorized under Arizona law (Title 32, Chapters 7, 8, 13, 14, 15, 17, or 25) in the fields of podiatry, chiropractic, medicine (physician/surgeon), naturopathic medicine, osteopathy, or through a physician assistant or registered nurse practitioner.

### **To be eligible:**

- The student must be examined by one of these licensed health professionals.
- The health professional must certify that the student has a chronic health condition that may result in frequent, but not prolonged, absences.
- The student is not expected to miss enough school to qualify for homebound instruction (i.e., not absent for 60 consecutive school days or three full school months).
- If the student's absences reach 60 school days or three months, a new certification must be completed and reviewed by the teacher and parent to determine appropriate next steps.



## Chronic Health Condition Certification

<b>Date:</b> This form expires at the end of the academic year. Obtain and complete a new form each school year.	<b>School:</b>	<b>Grade:</b>
<b>Student Name:</b>		<b>Birth Date:</b>
<b>Parent/Legal Guardian Name:</b>		<b>Phone #:</b>
<b>CERTIFICATION BELOW COMPLETED BY LICENSED HEALTH PROFESSIONAL</b>		
(Arizona Revised Statute §15-346 – Pupils with Chronic Health Problems) A student may qualify for Chronic Health certification if they are not homebound, but are unable to attend regular classes for intermittent periods due to a diagnosed illness, disease, or medical condition. * This must be confirmed by a licensed health professional authorized under Arizona Law (Title 32, Chapters 7, 8, 13, 14, 15, 17, or 25) in the fields of podiatry, chiropractic, medicine (physician/surgeon), naturopathic medicine, osteopathy, or through a physician assistant or registered nurse practitioner.		
<b>Medical Diagnosis:</b>		<b>Medical Diagnosis Date:</b>
<b>List symptoms that may cause school absences:</b>		
<b>Physical limitations that may affect Physical Education activities:</b>		
<b>Please check anticipated absences due solely to this chronic health condition:</b> <b>Include anticipated surgeries, treatments or hospitalizations that may interfere with school attendance during the 20__ - 20__ School Year.</b> <input type="checkbox"/> Should not affect Attendance <input type="checkbox"/> 5-15 days <input type="checkbox"/> 16-30 days <input type="checkbox"/> > 30 days		
<b>Other relevant information:</b>		
<b>Authorized Licensed Health Professional Signature (*see above definition):</b> <div style="font-size: 2em; font-family: cursive;">X</div>		<b>Date:</b>
<b>Authorized Licensed Health Professional Name (Printed):</b>		<b>Phone #:</b>
<b>Office Address:</b>		
<b>FOR SCHOOL AND HEALTH OFFICE USE ONLY:</b>		
<b>Current school year absences retroactively coded to this chronic health condition in Synergy (list dates)</b>		

Copy to:

School health office, school attendance personnel, and Special Services (Special Services Students Only)

*Revised 11/14/2014*