

CHRONIC AILMENT PARENT FORM

Student Name (print) _____ Date of Birth _____ Grade _____

Below are the guidelines for completing the form correctly to establish and maintain this authorization.

1. Mobile County Public School System does not accept a Chronic Ailment Form (CAF) that does not have the expected frequency of episodes, length of absence, diagnosis, or appropriate symptoms listed. Physicians must sign and date the CAF and return it to the parent/guardian for completion.
2. The school nurse may contact the physician's office to verify the CAF authenticity should a question arise. The school nurse will refuse to accept any CAF that is found to be fraudulent.
3. Please monitor the expected frequency and length of the episode for reasonable compliance with the physician's guidelines outlined on the form in order for absences to be excused. If there is a concern about the student not making academic progress due to these absences or that the privilege is being misused, the school will contract the student and parent/guardian to discuss these concerns.
4. Remember, the form expires at the end of each semester. Obtain a new form twice per year (beginning of 1st semester and beginning of 2nd semester).

For questions, please contact one of the Lead Nurses listed below at 221-4292.

Sharon Bailey MSN, RN or Pamela Smith MSN, RN

Mobile County Public School System will authorize absences resulting from a **chronic medical condition or extended illness** once this form is on file with your child's school. Your child's healthcare provider **must** complete the medical information on the attached Physician Chronic Ailment Statement form **before** returning the form to the school nurse. When reporting an absence, indicate the absence is due to the chronic condition listed on the Physician's Chronic Ailment Statement. Your student should submit this in the form of a parent note **no later than 3 days** after returning to school for the absence to be excused. Please be advised that while this form may excuse an absence, the student is **NOT** exempt from completing school assignments and responsibilities. Your signature on this letter also authorizes a release of information between the school nurse and healthcare provider regarding the child's chronic health issue and its impact on school attendance. The school nurse may request updated information at any point during the school year.

COMPLETE THE INFORMATION BELOW AS DOCUMENTATION OF PARENT/GUARDIAN RECEIPT OF THE ABOVE INFORMATION REGARDING YOUR CHILDS CHRONIC AILMENT FORM.

Parent/Guardian Signature _____ Date _____

Daytime Phone _____ Alternate Phone _____

