

Example/Template for Chronic Illness Medical Documentation

An updated medical/chronic illness letter must be provided each school year.

This medical documentation does not automatically excuse an absence. A note from the Parent/Guardian must still be submitted for each absence.

The following information must be provided on **medical provider/hospital letterhead**.

Choose appropriate excuse below (Option 1 or Option 2):

Option 1:

My patient, _____, has a medical condition that will require absences from school from (insert beginning date) to (insert ending date). Please excuse their absences for these dates.

Attending Physician Name Printed _____

Attending Physician Signature _____

Date _____

If the reason has a beginning and end date, include a pre-arranged absence form.

Option 2:

My patient, _____, has a medical condition that will require absences from school throughout the entire year.

(Provide additional information here)

Please excuse absences related to this condition for the current school year.

Attending Physician Name Printed _____

Attending Physician Signature _____

Date _____