

PARENT/GUARDIAN: Whenever a student has a chronic illness/medical condition that causes him/her to miss school, a "Chronic Illness Letter" must be turned in to the office of the school and it must be renewed **EVERY** school year.

CADDO PARISH PUBLIC SCHOOLS

Attendance & Census Department

1638 Murphy Street • Shreveport, Louisiana 71103

(318) 603-6308 Office • (318) 424-8184 FAX

CHRONIC ILLNESS / MEDICAL CONDITION

DATE: _____

STUDENT: _____ **DATE OF BIRTH:** _____

PARENT/GUARDIAN: _____ **PHONE #:** _____

A Physician, Physician's Assistant or Certified Nurse Practitioner must certify chronic illnesses/medical conditions in writing. The Parent/Guardian must provide to the student's school an updated form each school year. When the student is absent as a result of the chronic illness/medical condition, the parent/guardian **MUST** call the school each day the student is absent as a result of the chronic illness/medical condition **AND** provide a parent note within three (3) days of the student returning to school to document the absence.

DIAGNOSIS:

The above named student is under my care for a chronic illness/medical condition. This illness/condition may require him/her to be absent in excess of the total number of days allowed per school year.

PHYSICIAN PRINTED NAME

PHYSICIAN Signature

**PA/CERTIFIED NURSE PRACTITIONER
PRINTED NAME**

PA/CERTIFIED NURSE PRACTITIONER Signature

OFFICE ADDRESS

CITY **STATE** **ZIP CODE**

OFFICE PHONE

RECEIVED BY PRINCIPAL or Designee