



Ravenna High School Chronic Illness Verification Form

2766 S. Ravenna Rd., Ravenna, MI 49451

Phone: 231-853-2218 **Fax:** 231-853-6981

Student Name: _____

Grade: _____

Dear Physician,

The above patient is a student enrolled at Ravenna HS. It has been reported by the parent that the above student has a chronic illness. We define a chronic illness as one that necessitates regular absences from school.

We, therefore, verify this condition through his/her attending physician so this form can be attached to the students' attendance records that we send to the prosecutor's office for truancy. If you can verify this condition and acknowledge that this would require excessive absences from school due to doctor appointments and/or time at home due to the illness, please sign this letter below to be returned to the school. Also, please list below the chronic illness diagnosed for this student and symptoms that would not warrant an office visit, but might require this child to miss school. However, if you cannot approve this request, please do not sign this form excusing excessive absences. This document expires at the end of the academic year it was received. (Note: a doctor's note on letterhead attached to this letter is required).

Chronic Illness/Medical Diagnosis: _____

Symptoms: _____

Expected frequency of absences from school due to this illness: _____

Additional Comments:

Physician's Signature

Printed Name

Date

My signature below authorizes the exchange of information of the above diagnosis of my child, between the Principal of RHS, my child's physician, and the Prosecuting Attorney. I understand that with this verification, I must communicate with the office at Ravenna HS by calling 231-853-2218 per the handbook policy to verify each absence and reference the above illness in order for the absences to be considered a result of the diagnosed chronic illness.

Parent/Guardian Signature

Printed Name

Date