

Hampshire County Schools

Chronic Health Condition Statement Process Guide

Step 1: Parent/Guardian Requests Form

The parent/guardian should request a Chronic Health Condition Statement when their child has a documented medical condition that may periodically affect school attendance.

Step 2: Parent Completes Student Information

The parent/guardian completes:

- ✓ Student Information
- ✓ Parent/Guardian Authorization
- ✓ Health Care Provider Information

Step 3: Physician Completes Medical Documentation

The licensed health care provider completes:

- ✓ Health Care Provider Information (verify the information)
- ✓ Diagnosis/Chronic Medical Condition
- ✓ Impact on School Attendance
- ✓ Recommended Number of Absences Per Month with Explanation
- ✓ Physician Signature

The completed form should be returned to the school or faxed to the Hampshire County Schools Office of Student Support Services.

Step 4: School and/or Lead Nurse Review

Upon receipt, the school and/or lead nurse reviews the documentation and determines whether additional support is needed.

The nurse should consider:

- ✓ Health Care Plan needed
- ✓ Homebound Instruction Packet Provided to the Parent/Guardian (if physician recommends more than 5 absences per month)
- ✓ Referral to Student Assistance Team (SAT), Section 504 Team, or IEP Team
- ✓ School Nurse Signature

Step 5: Team Referral and Quarterly Reviews

In accordance with WVBE Policy 4110, students with documented chronic health conditions that may require multiple or regular absences must be referred to the appropriate team:

- ✓ Student Assistance Team (SAT)
- ✓ Section 504 Team
- ✓ Individualized Education Plan (IEP) Team

The necessity for absences related to the chronic health condition must be reviewed quarterly (by the end of August, October, January, and April) by the appropriate team. Updated documentation and support should be discussed during these reviews.

Step 6: Submit Documentation to Student Support Services

The school nurse, lead nurse, or school secretary forwards all completed documentation to the Hampshire County Schools Office of Student Support Services.

Student Support Services will:

- ✓ Review and file documentation
- ✓ Notify the school secretary as needed
- ✓ Maintain attendance records related to the chronic health condition

Important Reminders

- This form must be updated annually.
- A chronic health condition does not automatically excuse unlimited absences.
- Students are expected to attend school whenever medically able and complete required coursework.
- If a physician anticipates more than five (5) absences per month on a recurring basis, the family may be required to complete a Homebound Instruction Application Packet for further review.
- All documentation should be maintained in accordance with Hampshire County Schools attendance procedures.

Hampshire County Schools

Chronic Health Condition Statement

Overview

Hampshire County Schools recognize that some students have chronic medical conditions that may occasionally affect their ability to attend school. This form allows a licensed health care provider to document a student's chronic health condition and explain how it may impact school attendance.

The information provided helps the school determine appropriate support to promote regular attendance and academic success. Depending on the student's needs, additional support may include a health care plan, Student Assistance Team (SAT) review, or consideration of homebound instruction.

This form must be completed by a licensed health care provider and updated annually. Please note that documentation of a chronic health condition does not automatically excuse unlimited absences. Students are expected to attend school whenever medically able and complete all required coursework. The school will work collaboratively with families to ensure students receive appropriate support while maintaining access to educational opportunities.

Student Information

Student Name: _____

School: _____ Grade: _____

Date of Birth: _____ WVEIS ID: _____

Parent/Guardian Authorization

I authorize the health care provider listed below to release information regarding my child's chronic medical condition to Hampshire County Schools for attendance, educational planning, and support services.

Parent/Guardian Signature: _____

Date: _____

Health Care Provider Information

Provider Name: _____

Practice/Agency: _____

Phone Number: _____

Address: _____

Date of Last Examination: _____

Notice: This form must be updated annually. Documentation must be reviewed quarterly by the Student Assistance Team (SAT), 504 Team, or IEP Team in accordance with WVBE Policy 4110.

Revised: 7/1/26

Hampshire County Schools Chronic Health Condition Statement

Important Information for Health Care Providers*

Hampshire County Schools recognizes that students with documented chronic medical conditions may require occasional absences related to treatment, symptoms, or medical appointments. Whenever possible, recommendations should be limited to five (5) or fewer school days per month in order to support the student's regular participation in the educational program.

If the student's medical condition is expected to require more than five (5) absences per month on a recurring basis, or if the condition substantially limits the student's ability to attend school, the parent/guardian will be required to complete the Hampshire County Schools Homebound Instruction Application Packet to determine eligibility for homebound educational services and/or other educational accommodations.

Physician Documentation

Diagnosis/Chronic Medical Condition:

How does this condition impact the student's ability to attend school regularly?

Physician Attendance Recommendation

Based on the student's diagnosed chronic medical condition, please indicate the number of school days per month that you anticipate the student may need to miss due to this condition.

Recommended number of absences per month: _____ days (limited to 5 days*)

Please provide a brief explanation supporting this recommendation:

Physician Signature: _____

Date: _____

Please fax all documentation to the Hampshire County Schools Office of Student Support Services at 304-496-2377.

Notice: This form must be updated annually. Documentation must be reviewed quarterly by the Student Assistance Team (SAT), 504 Team, or IEP Team in accordance with WVBE Policy 4110.

Revised: 7/1/26

Hampshire County Schools Chronic Health Condition Statement

*****SCHOOL USE ONLY*****

Overview

This section is to be completed by the school and/or lead nurse and other school officials upon receipt of the Chronic Health Condition Statement. The nurse shall review the medical documentation to determine whether additional support may be necessary to address the student's health-related attendance needs.

In accordance with WVBE Policy 4110, students with documented chronic medical conditions that may require multiple or regular absences must be referred to the Student Assistance Team (SAT), Section 504 Team, or Individualized Education Program (IEP) Team, as appropriate, for review of the student's attendance needs and consideration of supports and accommodations. The necessity for absences related to the chronic medical condition should be reviewed on a quarterly basis by the appropriate team. Updated copies of all documentation must be sent to the Hampshire County Schools Office of Student Support Services for attendance documentation and recordkeeping. Fax: 304-496-2377

School and/or Lead Nurse Review

Date Reviewed: _____

Check all that apply:

- ☐ Health Care Plan
- ☐ Family Provided Homebound Instruction Packet (more than 5 absences were recommended)
- ☐ School Team Referral (SAT, 504 Team, or IEP Team)

Nurse Comments/Recommendations:

School and/or Lead Nurse Signature: _____

Date: _____

Notice: This form must be updated annually. Documentation must be reviewed quarterly by the Student Assistance Team (SAT), 504 Team, or IEP Team in accordance with WVBE Policy 4110.

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Hampshire County Schools

Chronic Health Condition Statement

SCHOOL USE ONLY

School Level Team Review

In accordance with WVBE Policy 4110 §3.1.b.5, the necessity for absences related to this chronic medical condition must be reviewed quarterly by the appropriate team.

☐ SAT Team

☐ Section 504 Team

☐ IEP Team

Initial Review Date: _____

Quarterly Review Dates:

1. August - _____

2. October - _____

3. January - _____

4. April - _____

Summary of Attendance Supports:

Administrator/Team Chair Signature: _____

Date: _____

Student Support Services Office Use Only

Date Received: _____

☐ School Secretary Notified – Date Notified: _____

Reviewed By: _____

Notice: This form must be updated annually. Documentation must be reviewed quarterly by the Student Assistance Team (SAT), 504 Team, or IEP Team in accordance with WVBE Policy 4110.

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