



# Queen Creek

Unified School District

## Certification of Students with Chronic Illness

On a yearly basis, the Queen Creek Unified School District shall review instructional needs of any student with a chronic health condition. An updated chronic health condition certification shall be obtained for each school year to verify the need for continuing instructional support. However, the student may be recertified at any time to reevaluate appropriate services needed.

Student Name:

Date of Birth:

Grade Level:

Parent Name:

Phone Number:

Address:

District:

School:

Date of Consultation:

Arizona Licensed Medical Provider Diagnosis:

Physical Limitations that may affect Physical Education Activities:

Please check anticipated number of absences due solely to this chronic health condition (include anticipated surgeries, treatments, or hospitalizations which may interfere with school attendance during the school year).

5-15 days     16-30 days     > 30 days     should not affect attendance

Other relevant information:

This Chronic Health Condition Certification is in compliance with A.R.S. 15-346 concerning pupils with chronic health problems. It shall be certified by a person under [Arizona Revised Statutes Title 32](#)

Medical Provider Signature:

Date:

Medical Providers Name (printed)

Phone Number:

Address:

I hereby request and authorize the exchange of information on the above diagnosis pertaining to my child between Queen Creek Unified School District and the above named Medical Provider.

Parent/Guardian Signature:

Date: