



### Medical Waiver

Date: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_

Diagnosis (with code): \_\_\_\_\_

Please check the reason attending Discovery Regional High School would be beneficial to the patient:

- ☐ Small class size
- ☐ Low teacher/student ratio
- ☐ High number of support services
- ☐ Blended learning environment
- ☐ Shorter school session (fewer operating hours)

_____ Physician's Name with credentials	_____ Physician's Signature
_____ Name of office/practice	_____ Phone number
_____ Address	_____ City, State and Zip code