



Mobile County PUBLIC SCHOOLS

Terrence S. Mixon, Sr., Assistant Superintendent
Division of Student Support Services
Barbara Smith, MSN, RN, Lead Nurse
Pamela Smith, MSN, RN, Lead Nurse
Health Services Department
Phone: (251) 221-4292
Fax: (251) 221-5390
Email: bsmith3@mcps.com
Email: psmith1@mcps.com

P. O. Box 180069 • Mobile, AL 36618 • www.mcps.com

Superintendent Chresal D. Threadgill

Dear Parents and Physicians/Health Care Providers,

School attendance is always a key factor in a student's success. However, we acknowledge that some students may experience unavoidable absences due to a chronic health/medical condition. Our goal is to provide a safe and supportive environment for these students. A team of professionals from health services, attendance, school counselors and administrators will work together with parents to provide this support and create a positive school experience.

MCPSS has policies and procedures in place for students with chronic health conditions. We require the completion of a Physician Statement of Chronic Illness for **each semester**. It is important that your child's physician provides the necessary medical information, including the diagnosis and anticipated frequency of absences caused from a chronic illness. The statement should also include when the student should return to physician's office for extended absences due to a chronic illness.

The Physician Statement must be signed by a Medical Doctor (MD), Nurse Practitioner (NP), or Physician Assistant (PA) only. No other signatures will be accepted.

When a student with a current Physician Statement on file, returns to school after an absence, **a parent note is still required**. This parent note should specify that the student's absence was related to the chronic illness listed on Physician's Statement. **The parent note must be turned in within three (3) days of students return to school.**

It is important to note that while this form may excuse an absence, it **does not exempt the student from completing school assignments and responsibilities**. It is our goal to enhance each child's school experience by delivering quality health services and by removing barriers to learning. Should you need further assistance, please do not hesitate to contact us at 251-221-4292.

Thank you,

Barbara Smith, MSN, RN
Lead Nurse
251-221-4292
bsmith3@mcps.com

Pamela Smith, MSN, RN
Lead Nurse
251-221-4292
psmith1@mcps.com



Mobile County PUBLIC SCHOOLS

Terrence S. Mixon, Sr., Assistant Superintendent
Division of Student Support Services
Barbara Smith, MSN, RN, Lead Nurse
Pamela Smith, MSN, RN, Lead Nurse
Health Services Department
Phone: (251) 221-4292
Fax: (251) 221-5390
Email: bsmith3@mcps.com
Email: psmith1@mcps.com

P. O. Box 180069 • Mobile, AL 36618 • www.mcps.com

Superintendent Chresal D. Threadgill

CHRONIC AILMENT FORM

Student Name (print) _____ DOB _____ School _____

Below are the guidelines for correctly setting up and maintaining this authorization.

1. Mobile County Public School System requires a completed Chronic Ailment Form (CAF) that includes the expected frequency of episodes, duration of absence, accurate diagnosis, and symptoms. **The CAF must be dated and signed by a Medical Doctor (MD), Nurse Practitioner (NP), or Physician Assistant (PA) ONLY. No other signatures will be accepted.**
2. The school nurse retains the authority to communicate with the physician's office by phone or fax to authenticate the documents provided.
3. Schools must monitor the frequency and duration of absences to assure they are following the physician's guidelines set forth on the CAF form to excuse absences. In cases where there is a concern about the student's academic advancement being affected due to these absences, the school will contact the student and/or parent/guardian to address these concerns.
4. Please be mindful that each CAF is **valid until the end of each semester**. It is necessary to get a new form twice a year, **at the beginning of the 1st and 2nd semesters**. **First semester** starts on the first day of the school year and ends December 31st. **Second semester** begins in January, when students return from break, and ends on the last day of school.

For questions, please contact one of the Lead Nurses listed below at 221-4292.

Barbara Smith, MSN, RN or Pamela Smith, MSN, RN

Mobile County Public School System acknowledges and authorizes the approval of absences related to a **chronic medical condition** when the attached Physician Chronic Ailment Statement form is on file at to your child's school. The attached form should be completed and the signed by your child's physician and returned to the school nurse. **A parent note must be turned into the school no later than three (3) days after the student's return to school following an absence for the absence to be excused. The parent note must include that the absence was due to the chronic ailment outlined in the Physician's Chronic Ailment Statement.** **It is important to note that while this form may serve to excuse an absence, it does not exempt the student from fulfilling school assignments and responsibilities. Your signature on this letter also grants authorization for the exchange of information between the school nurse and healthcare provider concerning the child's chronic health problem.

COMPLETE THE INFORMATION BELOW AS DOCUMENTATION THAT THE PARENT/GUARDIAN RECEIVED THE ABOVE INFORMATION REGARDING YOUR CHILDS CHRONIC AILMENT FORM.

Parent/Guardian Signature _____ Date _____

Daytime Phone _____ Alternate Phone _____



Mobile County PUBLIC SCHOOLS

Terrence S. Mixon, Sr., Assistant Superintendent
Division of Student Support Services
Barbara Smith, MSN, RN, Lead Nurse
Pamela Smith, MSN, RN, Lead Nurse
Health Services Department
Phone: (251) 221-4292
Fax: (251) 221-5390
Email: bsmith3@mcps.com
Email: psmith1@mcps.com

P. O. Box 180069 • Mobile, AL 36618 • www.mcps.com

Superintendent Chresal D. Threadgill

****Parents should always keep contact information current with the school. ****

CHRONIC AILMENT PHYSICIAN'S STATEMENT OF ILLNESS

STUDENT NAME: _____ DATE: _____

DATE OF BIRTH: _____ SCHOOL: _____

This student is under my care as a patient and has received a diagnosis of the condition outlined below. I acknowledge that this condition may cause occasional absences from school.

A new signed statement will be required at the beginning of each semester.

Diagnosis: _____

Anticipated Number of Absences: _____ Per (circle one): **Week Month Semester**

Requirement for Returning to the Physician's Office:

Physical Limitations the Student May Have in Getting to School:

Other relevant Information related to this Illness:

Physician's name (please print): _____

Address: _____

Phone: _____ FAX: _____

Signature (MD, NP, or PA ONLY)

Date