



Southwest Allen County Schools

Anita Gross
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Chronic Illness Form

(Note: I.C. 20-33-2-18 requires this form to be signed by a licensed physician)

Student Name _____

School _____ Grade _____

Date condition began _____ Anticipated date of return to school _____

Diagnosis/Description of Condition:

Duration of condition: _____ permanent (remainder of the school year)
_____ temporary (ending on the date of _____)

Anticipated school attendance

_____ Regular daily attendance at school

_____ Irregular school attendance – not to exceed _____ days absent per month

If student will have irregular attendance, please explain. Please be as specific as possible:

Physician's Signature

Date

Print Physician's Name

Physician's Address

Physician's Telephone Number

Return Completed Form To:
Southwest Allen County Schools
Attention: Anita Gross
4824 Homestead Road
Fort Wayne, IN 46814