

HAMILTON CENTRAL SCHOOL DISTRICT
Student Medical Need Identification, 2021-2022 School Year

The Hamilton Central School District plans to provide full time in person instruction for all students during the 2021-2022 school year consistent with any mandates and guidelines issued by the CDC, the New York State Department of Education, the New York State Department of Health, and the Madison County Board of Health. There will not be a remote or a hybrid option. The District will provide reasonable accommodations, where appropriate, to support students with health needs in the school environment. However, it is recognized that there may be students or families in our school district with significant physical health needs that may be jeopardized in a community environment.

This form is for students in the Hamilton Central School District with significant physical health needs that prevent school attendance while COVID-19, including any variant, is prevalent in our community. It is to be filled out by the student's parent or person in parental relation and the student's physician. Upon receipt and review of the necessary documentation, the District will contact the student's parent or person in parental relation to discuss addressing the student's needs for the 2021-2022 school year. Instruction may be provided by remote synchronous instruction, by asynchronous instruction or any combination of instruction, or by traditional homebound instruction in accordance with Policy #8201, as determined by the District.

Instructions: Please print. Attach additional pages as needed. Please return to the District office on or before August 27, 2021

STUDENT INFORMATION: to be filled out by parent or person in parental relation to student

Student Name: _____ Grade: _____

Parent/Person in Parental Relation Name: _____

Telephone Number of Parent/Person in Parental Relation: _____

MEDICAL PROVIDER INFORMATION: A NYS licensed physician who is caring for the student must complete this section in full.

Physician Printed Name: _____

NYS Medical License Number: _____ Telephone: _____

Provider Address: _____

Date Student Became a Patient: _____, 20__

Please provide information on the student's significant medical needs. Where applicable, please clearly specify the student's medical condition, the impact of the medical condition on the student's ability to

attend school for the 2021-2022 school year, and any limitations concerning the kind or duration of instruction caused by the medical condition.

Will the student be unable to attend school in person for at least 10 days as a result of the student's health needs? Yes No If yes, please specify the period of probable absence: _____

Provider Signature: _____ Date: _____, 2021

Based upon the above and the current status of COVID-19 in the community, I request instruction separate from the school building for my child for the 2021-2022 school year. I understand that this request will be binding for the entirety of the 2021-22 school year but may be re-visited in light of the then current status of the COVID-19 pandemic in Madison County and that I may be required to submit supplemental documentation at that time.

Parent/Person in Parental Relationship Signature: _____

Date: _____, 2021.