

Early Learning Scholarship Program Medical Exemption Policy

The department will consider exemptions to the 25 absent day policy if the child, or an immediate family member is impacted with a medical emergency that would prevent the child from attending their program. Families that are at risk of exceeding 25 absent days in a scholarship year or have reached 10 consecutive absent days due to an extended illness or injury should request an exemption and a Medical Condition Documentation Form from their Area Administrator or Scholarship Administrator. Illness or injury for the following family members only will be considered: the child with a scholarship, the sibling of the child with a scholarship, or the parent/legal guardian of the child with a scholarship.

The Medical Condition Documentation Form must be signed by an authorized signer who is verifying the named person has or had a medical condition that resulted in a child's absence from the early learning program. The signer may be a physician, psychiatrist, public health worker, physician's assistant, psychologist, school nurse, nurse practitioner or chiropractor. The Early learning program director, coordinator, owner/operator or lead teacher may provide the authorization for up to two weeks if the child was sent home due to the medical reason.

For Pathway I scholarships, the Area Administrator (AA) provides the form as provided by Minnesota Department of Education (MDE) to the family. The family must return the form to the Area Administrator within 30 days of the last day of the exemption period. The AA should note the dates of the exemption in ELSA under the child's page and keep the Medical Condition Documentation Form with the child's paper records.

For Pathway II scholarships in child care programs, the Scholarship Administrator (SA) informs the Pathway II Child Care Scholarship Administrator, Milestones, and requests the form to give to the family. The family must return the form to the Child Care within 30 days of the last day of the exemption period. The child care program will inform Milestones as to the dates of the exemption and keep the Medical Condition Documentation form with the child's paper records. Milestones should note the dates of the exemption in ELSA under the child's page.

For Pathway II scholarships in school based and Head Start programs, the Scholarship Administrator (SA) provides the form as provided by MDE to the family. The family must return the form to the Scholarship Administrator within 30 days of the last day of the exemption period. The SA should note the dates of the exemption in ELSA under the child's page and keep the Medical Condition Documentation Form with the child's paper records.

Medical Condition Documentation Form

Purpose:

This form is used to verify a medical condition that may result in a child's absence from the early learning program

***more than 25 absent days in a calendar year, and/or
more than 10 absent days in a row for a child***

Family instructions:

Use this form if your child(ren) was or is anticipated to be absent from the program because the child, or a parent, or a sibling of the child(ren) living in the same home, has or had a medical condition. Fill out this section, sign, and return to the program your child is attending within 30 days. Exemptions will not be approved past the 30-day time period. If the exemption is because of a chronic condition, it can be approved for up to 12 months.

PERSON WITH MEDICAL CONDITION: _____

ABSENT CHILD'S NAME: _____

CHILD'S RELATIONSHIP TO PERSON WITH MEDICAL CONDITON

_____ The child _____ Child's parent _____ Child's sibling

PERSON WITH MEDICAL CONDITION: _____

CHILD'S RELATIONSHIP TO PERSON WITH MEDICAL CONDITON

ABSENT CHILD'S NAME: _____

_____ The child _____ Child's parent _____ Child's sibling

PERSON WITH MEDICAL CONDITION: _____

ABSENT CHILD'S NAME: _____

CHILD'S RELATIONSHIP TO PERSON WITH MEDICAL CONDITION

_____ The child _____ Child's parent _____ Child's sibling

PARENT'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

NAME OF EARLY LEARNNG PROGRAM: _____

PARENT SIGNATURE: _____ DATE: ____/____/20____

One of the following people from this list must complete the information under **Authorized signer instructions**.

- Physician Psychiatrist Public Health Nurse
- Physician's Assistant Psychologist School Nurse
- Nurse Practitioner Chiropractor

Early learning program director, coordinator, owner/operator or lead teacher (*only if the child was sent home from child care due to the medical reason. The exemption is limited to up to two weeks.*)

Authorized signer instructions: Please verify that the person on the front page has or had a medical condition that resulted in a child's absence from the early learning program. Complete and sign the section below.

Please check one option, sign and date:

Individual had an illness which resulted in a child's absence from the early learning program for the following time period: **Start Date:** ___/___/20___ to **End Date:** ___/___/20___

Individual has a chronic illness, which causes child to have frequent absences from early learning program. **Start Date (if known):** ___/___/20___

AUTHORIZED SIGNER'S NAME: (Print) _____

SIGNATURE: _____ **DATE:** ___/___/20___

NAME OF CLINIC, SCHOOL, OR EARLY LEARNING PROGRAM: _____

TITLE OF AUTHORIZED SIGNER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Agency use only

Worker instructions: Exemption for absent days will begin on: ___/___/20___ and end on ___/___/20___. Exemption for absent days will begin on the start date of the illness, but no more than 30 days prior to the date the completed form is received by the program. The early learning program must keep the document on file with the child's records and provide a copy as documentation of the exemption upon the request of the Area Administrator or MINNESOTA Department of Education (MDE). If the exemption is because of a chronic condition, it can be approved for up to 12 months. If this form was signed by the early learning program director, coordinator, owner/operator or lead teacher, the exemption is limited to up to two weeks from the start date listed above.

**Return this form to Think Small
within 30 days of the last day
of the exemption period:**

Think Small
10 Yorkton Ct
St. Paul, MN 55117

Fax: 651.287.6910
Scholarships@thinksmall.org