

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/Scholarship Administrator. Illness or injury for the following family members 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 to verify 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 provides the MDE form 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 Area Administrator should note the dates of the exemption in the child's ELSA record and keep the *Medical Condition Documentation Form* with the child's paper records.

For Pathway II scholarships in child care programs, the Scholarship Administrator informs the statewide administrator of child care Pathway II scholarships, Milestones, and requests the form to give to the family. The family must return the form to the program 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 the child's ELSA record.

For Pathway II scholarships in school-based and Head Start programs, the Scholarship Administrator provides the MDE form 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 Scholarship Administrator should note the dates of the exemption in the child's ELSA record 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 the Person witl	n a Medical Condition:The child	Child's parent	Child's sibling	
Person with Medical Condition:				
Absent Child's Name:				
Child's Relationship to the Person witl	n a Medical Condition:The child	Child's parent	Child's sibling	
Person with Medical Condition:				
Absent Child's Name:				
Child's Relationship to the Person with	n a Medical Condition:The child	Child's parent	Child's sibling	
Parent/Guardian Name:				
Address:	City:	State:	Zip:	
Name of Early Learning Program:				
Parent Signature:	Date (MM/DD/YYYY):			

One of the following peop	ole from this list must o	complete the infor	mation under Au	thorized signer instructions.
Physician	Psychiatrist	Public He	alth Nurse	Physician's Assistant
Psychologist	School Nurse	Nurse Pra	actitioner	Chiropractor
Early learning progra home from child care due		•		(only if the child was sent two weeks)
Authorized Signe	r Instructions:			
Please verify that the per- from the early learning pr				resulted in a child's absence
Please check one option,	sign and date:			
	ess which resulted in a art Date (MM/DD/YYYY		•	rning program for the //M/DD/YYYY):
Individual has a chro program. Start Date	nic illness, which cause (<i>if known,</i> MM/DD/YYY		-	s from the early learning
Authorized Signer's Name	e (Print):			
Signature:			Date (MN	M/DD/YYYY):
Name of Clinic, School, or	Early Learning Prograr	m:		
Title of Authorized Signer	:			
Address:				
City:		State:	Zip: _	
	A	gency Use Only:	:	
and end on date of the illness, but no The early learning progra documentation of the exe Education (MDE). If the e	(date, M more than 30 days pri m must keep the docur emption upon the requ exemption is because of the early learning progra	IM/DD/YYYY). Exer or to the date the ment on file with the est of the Area Ad f a chronic condition am director, coord	mption for absen completed form he child's record Iministrator or M on, it can be app linator, owner/o	