



**Jackson County School District  
COVID-19 Distance Learning  
Medical Consent  
2020-2021**

**Student Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Documented medical condition of student or household member:**

- \_\_\_ Critical CONGENITAL (not congestive) heart disease  
Type: \_\_\_\_\_
- \_\_\_ Organ transplant
- \_\_\_ Condition requiring active dialysis
- \_\_\_ Cancer requiring active chemotherapy
- \_\_\_ Lung disease, such as Cystic Fibrosis

Physician and parent attest that the medical condition indicated above necessitates the need for distance learning for the above-named student for the following 2020-2021 school term:

\_\_\_ 2<sup>nd</sup> 9 Weeks      \_\_\_ 3<sup>rd</sup> 9 Weeks      \_\_\_ 4<sup>th</sup> 9 Weeks

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician's Stamp**

**\*\*This form should be signed by your physician and submitted with the application for distance learning.**