

Student Information

First	Middle	Last
Program		Student ID Number

Medical Information (This section is to be complete by a qualified medical doctor or specialist)

1. Patient's Full Name _____
2. Patient's relationship to student listed above _____
3. When was your last contact with the patient? _____

Title IX defines parenting to include situations involving a child or children diagnosed with terminal illness, continuing treatment of terminal illness, or death of a child.

4. What is the diagnosis and prognosis?

5. Provide an estimated length of time the student will need adjustment(s) to their academic course work to care for the patient.

Provider Information

Name (Please Print):		
Medical Specialty:	License #:	
Address:		
Phone:	Email:	
Clinician's Signature:		Date: