

## Myers Park: Request for Recovery Waiver

According to CMS policy, if a student misses more than 10 days in a class, the student is responsible for recovering seat time missed in excess of 10 days in each class in order to earn a passing credit for the course. Requests for recovery waivers may be appropriate if a student has missed at least five consecutive days for a serious medical problem. A recovery waiver may be requested and must be approved by the MPHS Student Intervention Team. If a waiver is granted, the student will still be responsible for arranging and making up any missed work from the days missed. By signing this form, you give the school personnel permission to call and verify medical documentation of dates and physician signatures.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
date

### Directions:

Complete this form in its entirety. Please write "medical" or a brief explanation under question number 2. (You do need to specify the medical reason. Your doctor's note will suffice). **Documentation from your medical provider indicating dates absent from school were due to a health condition.** The dates covered on the documentation must coincide with the dates on the recovery waiver.

Please give this completed form to your Counselor or the Nurse.

- 1) Student's Name \_\_\_\_\_ #ID \_\_\_\_\_
- 2) Reason for request of recovery waiver: \_\_\_\_\_  
\_\_\_\_\_
- 3) Specific dates for consideration: \_\_\_\_\_  
\_\_\_\_\_
- 4) Class (es) for consideration: \_\_\_\_\_  
\_\_\_\_\_
- 5) Are you a student athlete? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Please note: This recovery waiver does not excuse your requirements for continued athletic eligibility).

Staff Use Only	
Date: _____	
Check one: Approved _____	Denied _____
Reason: _____	
Intervention Team Signatures: _____	
_____	_____
_____	_____