Date

Name

Address

Dear Dr. :

 This letter is in regard to your patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The child’s social worker has advised the Cabinet’s Medically Fragile Staff (MFS) that a request has been made (to discontinue life support) or (for a do not resuscitate order). In order for us to proceed on this matter, the Cabinet would request that a signed written statement or letter be provided by your addressing the following:

 **Diagnosis of the child**

 **Child’s current medical status**

 In addition, your statement must address whether, in your reasonable medical judgment, the following criteria apply:

1. **The child is chronically and irreversibly comatose;**
2. **The provision of such treatment would merely prolong dying, not be effective in ameliorating or correcting all of the child’s life threatening conditions, or otherwise be futile in terms of the survival of the child;**

**OR**

1. **The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.**

 Please address your statement or letter to Cabinet Secretary, Audrey Tayse Haynes then fax your statement or letter to the Director’s Office Medically Fragile Program Administrator at (502) 564-4653. You may call 502-564-6852 with any questions.

 Thank you for your assistance in this matter.

Sincerely,

[Worker’s Name]

[Position Title]