## PHYSICIAN'S STATEMENT FORM
## HOMEBOUND/HOSPITAL INSTRUCTION

As part of the continuum of services, public school children may receive educational service at home, in a hospital or other setting, if a medical condition will cause an absence of two or more weeks of school, or ongoing intermittent absences exceeding two weeks cumulative for whom school personnel determine that such a program can be of educational benefit. Such consideration is based upon written statement from a physician licensed to practice medicine in all its branches.

**A. Student Identifying Data:**

1. Student Name _____ Birth date _____
2. Parent/Guardian Name _____

   Address _____

   _____
3. School District of Residence _____

**B. Physicians' Statement:**

1. The physician estimates that the child's illness/injury will cause an absence of two or more consecutive weeks of school, or ongoing, intermittent absences exceeding two weeks cumulative during the current school year.

   a) Physician's initial estimate of the length of time that the student will be unable to attend school (either consecutive weeks or days or where intermittent absences may occur).

   _____

   _____

2. Physician's description of child's illness or injury: _____

   _____

   _____

   _____

3. Physician's estimate of how much instruction on a daily basis the child's illness/injury or mental/emotional state will allow? (Note: Home/hospital instruction is to be a minimum of 5 hours/weekly, but may be less, upon a physician's statement indicated here.)

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**Physicians' Signature _____ Date _____**