Start	Date:

OFFICE USE ONLY

End Date:

Return to School:



Medical Professional's Recommendation for Home & Hospital Services for PHYSICAL Health Conditions

	Date:	Student:		Sex: 🗌 M 🔲 F	Date of Birth:		
IAN	Address:	(street)	(city)	(state)	(zip)		
JARDI					re an IEP/504 Plan? \Box Y \Box N		
T Gſ	Name of Parent(s)/Guardian(s):						
EGA	Parent Phon	e Number:	Pare	nt Email:			
PARENT/LEGAL GUARDIAN	I am applying for Home & Hospital Teaching for my child. I grant permission for the GCPS Student Services staff to contact and confer with the referring and treating medical professional(s) to exchange information about my child. Failure to sign this release of information may result in denial of Home & Hospital Teaching services. Parent or Guardian Signature:						
	Please Print	Name:					
MEDICAL PROFESSIONAL	PHYSICIAN OR NURSE PRACTITIONER STATEMENT FOR HOME & HOSPITAL TEACHING Please describe the physical condition that prevents the student from attending the regular school program. If the request is due to pregnancy, please indicate the expected delivery date: Reason the student cannot function in the regular school environment: Are there any precautions needed when teaching this student? Date of Last Appointment: Frequency of Appointments: Is the student contagious? Y N						
MEDICA	Requested Duration of Services (no more than 60 days): Recommendations for School Attendance: Full-time: Student is UNABLE to attend school. Part-time: Student is able to attend school PART-TIME. Describe: Concurrent: Student is eligible for tutoring after CONSECUTIVE ABSENCES due to medical condition. Student is able to attend regular school program WITH MODIFICATIONS. Please list any modifications that would enable the student attend school (i.e. access to water throughout the day, use of an elevator, etc.): Physician/Nurse Practitioner's Signature: Date: Printed Name: Phone: Fax:						
	Printed Nam	ne:	P.	10ne:	Fax:		
* Return	completed form t	o Student Services, attentior	Lindsev Strubin: FAX	: 301-334-7642 or EMAIL 1	indsev.strubin@garrettcountyschools.org		

Date:
