



**Lammersville Unified School District**  
**111 S. De Anza Boulevard**  
**Mountain House, CA 95391**  
**(209) 836-7400 / (209) 836-7431 - fax**

**MEDICAL REQUEST FOR HOME HOSPITAL INSTRUCTION**

**STUDENT INFORMATION**

To be completed by parent/legal guardian and then given to student's physician

Student Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Parent/Guardian Email Address \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_  
 Parent/Legal Guardian Authorization to release Medical and Academic Information: (Print Name): \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENDING PHYSICIAN'S STATEMENT**

To be completed by student's physician and returned to LUSD—ALL INFORMATION MUST BE COMPLETED

A request for Home Hospital Instruction has been made for the above named student. Temporarily disabled pupils are entitled to instruction in their homes or hospitals. For medical authorization of Home Hospital Instruction, per California Education Code 48206.3, a licensed California physician must provide documentation that states the "temporary disability", certifies that the condition prevents the pupil from attending school, and includes a projected calendar date (i.e. Jan. 1, 200X) for the pupil's return to school.

A "temporary disability" means a physical, mental, or emotional disability incurred while a pupil is enrolled in regular day classes or an alternative education program, and after which the pupil can reasonably be expected to return to regular day classes or the alternative education program without special intervention. It cannot be the same disability for which a student is eligible for special education.

If Home Hospital Instruction is being medically recommended at this time, please complete the remainder of this form, sign and return this form to Lammersville Unified School District, Attn: Director of Student Services, 111 S. De Anza Boulevard, Mountain House, CA 95391. You may also email this form to [abirtola@sjcoe.net](mailto:abirtola@sjcoe.net) or fax it to (209) 836-7431. If you have any questions, please call April Birtola in the Student Services Department at 209-836-7400, ext. 2020.

- Temporary Disability (Please refer to definition above for reference): \_\_\_\_\_
- Does the severity of condition prevent student from attending school? Yes \_\_\_\_\_ No \_\_\_\_\_
- Date the student is to begin Home Hospital Instruction \_\_\_\_\_
- Date student was last seen by physician \_\_\_\_\_ Is student contagious? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is the student now hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, where? \_\_\_\_\_  
 Anticipated discharge date \_\_\_\_\_ If hospitalized, can student complete assignments? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Restrictions, if any \_\_\_\_\_
- Estimated calendar date student may return to school \_\_\_\_\_ Precautions/Restrictions \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Physician's Name (Print) \_\_\_\_\_  
 Name of Medical Group or Hospital (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone number \_\_\_\_\_ Fax \_\_\_\_\_