

**DISTRITO ESCOLAR UNIFICADO DE POMONA  
HEALTH SERVICES & PROGRAMS  
800 S. Garey Ave., Pomona, CA 91766  
Phone (909) 397-4648, Ext. 28357 Fax (909) 469-6192**

**SOLICITUD PARA HOME AND HOSPITAL  
AUTORIZACIÓN PARA FACILITAR INFORMES**

**SECTION 1: ESTA SECCIÓN DEBE SER COMPLETADA POR EL PADRE/TUTOR**

Fecha: \_\_\_\_\_ Firma del padre: \_\_\_\_\_

Este formulario y firma del padre autoriza al médico de asistencia a compartir información con el personal escolar con el propósito de determinar los servicios educativos apropiados para el alumno abajo mencionado.

Alumno(a) \_\_\_\_\_ FDN: \_\_\_\_\_

Escuela de Asistencia : \_\_\_\_\_ Grado: \_\_\_\_\_

Padres: \_\_\_\_\_

Domicilio \_\_\_\_\_ Teléfono: \_\_\_\_\_

Ciudad/Estado: \_\_\_\_\_ Zona Postal: \_\_\_\_\_

**SECTION 2: ESTA SECCIÓN DEBE SER POR EL MÉDICO (THIS SECTION TO BE COMPLETED BY DOCTOR)**

Dear Doctor,

In order to provide a home teacher for out of school instructional services we must have a request from you for a minimum period of four weeks. We also must have a complete diagnosis of the child's ailment. The illness cannot be a contagious disease.

Additionally, we might need to consult with you regarding other available school programs, which might better fit the needs of the student, such as the School of Extended Educational Options (SEEO).

SEEO Option discussed with parent & student

Diagnosis: \_\_\_\_\_

Length of time expected to be in need of a home teacher: \_\_\_\_\_

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Hospitalization Length: \_\_\_\_\_

Name of hospital: \_\_\_\_\_

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Additional information: \_\_\_\_\_

Physician Name: \_\_\_\_\_

(Please Print)

Address: \_\_\_\_\_

(Please Print)

Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions, please feel free to call. Return this form to School Nurse.**

**SECTION 3: ESTA SECCIÓN COMPLETADA POR LA ENFERMERA DE LA ESCUELA**

Nurse Notes:  Approved  Review Requested Nurse's Signature: \_\_\_\_\_

Administrator Approval: \_\_\_\_\_ Date \_\_\_\_\_