

# PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT

1301 E. Orangethorpe Avenue  
Placentia, California 92870



## HOME HOSPITAL PACKET 2018-2019

# PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT

## Home/Hospital Teaching Certification

Please include (via fax or email) a copy of the student's schedule

Home/Hospital Fax: (714) 996-3629

Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/Counselor \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Last Date Attended \_\_\_\_\_ Referred by \_\_\_\_\_

### Medical Information

### PHYSICIAN'S INFORMATION

Home Hospital Instruction is reserved for students who have medical conditions which prohibit them from leaving the house except for medical appointments, or whose medical conditions make it unsafe or inadvisable for them to be at school, with an expected absence of greater than 15 days.

Could the student benefit from the following options?

- Is the student able to attend school on a modified schedule?  No  Yes @ Hours/Days \_\_\_\_\_
- Home Hospital Instruction – Five hours a (typical) week arranged with a teacher in home if projected absence is greater than 15 school days.
- Enrollment in an Alternative Education Program (Provisional placement based on student's successful participation. If program is unavailable or unsuccessful, student to be placed in Home Hospital Program.)
- Accommodate a student's needs at school with program modification such as shortened day or other recommendations.
- Other: \_\_\_\_\_

The parent/guardian of the above named student has requested Placentia Yorba Linda Unified School District Provide accommodations while their child is unable to attend school. By their signature above, the parent/guardian Has authorized you to provide Placentia Yorba Linda Unified School District with the following information:

Identify the student's physical condition that prevents the student from attending school (DIAGNOSIS):

\_\_\_\_\_

Describe the treatment plan being implemented to enable the student to return to school:

\_\_\_\_\_

Estimated length of absence from school: Total Time: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I hereby certify that the above patient is presently unable to attend public or private school classes but is physically able to receive instruction in the home or hospital and that this condition will not expose the teacher to any contagious disease that can be transmitted by casual contact.

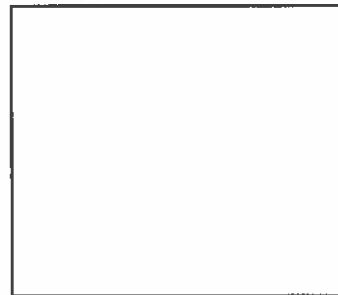
\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (typed or printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code



Physician Stamp Required

3. School Certification to be completed by Home/Hospital Secretary

Teacher Assigned \_\_\_\_\_

Beginning Date \_\_\_\_\_ Notified School    Ending Date \_\_\_\_\_ Notified School \_\_\_\_\_

Mailed: School Copy \_\_\_\_\_ Parent Questionnaire \_\_\_\_\_

4. Comments \_\_\_\_\_

I hereby certify that the above patient is presently unable to attend public or private school classes but is physically able to receive instruction in the home or hospital and that this condition will not expose the teacher to any contagious disease that can be transmitted by casual contact.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (typed or printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code



Physician Stamp Required

3. School Certification to be completed by Home/Hospital Secretary

Teacher Assigned \_\_\_\_\_

Beginning Date \_\_\_\_\_ Notified School  Ending Date \_\_\_\_\_ Notified School

Mailed: School Copy \_\_\_\_\_ Parent Questionnaire \_\_\_\_\_

4. Comments \_\_\_\_\_

**PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT  
1301 East Orangethorpe Avenue  
Placentia, California, 92870**

**EXCHANGE OF CONFIDENTIAL INFORMATION**

I authorize the Placentia-Yorba Linda Unified School District to obtain/exchange confidential medical, psychological and educational information with medical, psychologist and educational personnel who have been, or are working on behalf of my child: \_\_\_\_\_, date of birth: \_\_\_\_\_, current school of service: \_\_\_\_\_.

Date: \_\_\_\_\_

Signature of Parent/Guardian  
(Copy of signature is valid as original)

Phone Number:

Email Address:

The person requesting this student's confidential information is: Debbie Ortiz

**EXCHANGE INFORMATION BETWEEN:**

Name: Debbie Ortiz  
Address: Professional Development Academy  
4999 Casa Loma Ave  
City/State/Zip: Yorba Linda, CA 92886  
Email Address: dortiz@pylUSD.org  
Telephone Contact Numbers: 714-985-8600

and

Name:  
Address:  
City/State/Zip:  
Email Address:  
Telephone Contact Numbers:

Comments:

SE-8, Revised 8/15/18

Distribution: Sending/Receiving Agency; Legal File at School; Parent/Guardian



Placentia Yorba Linda Unified School District  
HOME HOSPITAL PROGRAM  
WAIVER OF RESPONSIBILITY 2018-19

The Home Hospital program is available to students who will be continuously absent from school for more than 4 weeks due to illness, injury or other medical condition. Instruction in the home is the most restrictive educational environment and by law must be viewed as the placement of last resort to be utilized for the shortest time necessary. A note from a physician is required. The note must state the medical condition, duration of the absence, proposed treatment plan, and the doctor's recommendation for Home Hospital teaching.

I hereby request a temporary Home Hospital teacher for my child,  
\_\_\_\_\_ I have received and reviewed the Placentia Yorba Linda Unified School District's Home Hospital Parent Information Guide. I agree to:

- Be present in the home during the instructional time. No instruction can take place without an adult present.
- Provide the home teacher with a safe teaching environment that is quiet, well lit, and free from interruptions and distractions (no pets, siblings, etc.) with supplies and materials ready for instruction.
- Cooperatively with the home teacher, create and maintain a teaching schedule to incorporate one (1) hour of teaching for every student attendance day.

I acknowledge and agree to abide by the Placentia Yorba Linda Unified School District's policy as stated both in this waiver. I agree to hold the Placentia Yorba Linda Unified School District and/or its employees harmless and free of liability for any incident which might occur while the home teacher is on my premises.

STUDENT NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

HOME HOSPITAL ADMINISTRATOR: \_\_\_\_\_ Date: \_\_\_\_\_