



Victor Valley Union High School District

16350 Mojave Dr. Victorville, CA 92395
(760) 955-3201 ext.10236 FAX (760) 955-3265

Physician's Recommendation for Home Hospital Instruction

To: Physician

Alternative education programs are provided for students who are ill with non-contagious illnesses, who are injured or otherwise incapacitated, and who are therefore unable to attend school in a regular classroom setting. **Please note that the State of California allows only 5 hours of service each week, thus this program should be considered temporary and a last resort.** This service will be continued as long as the pupil is under continued medical care and is deemed unable to attend school. An adult eighteen years or older must be present in the home during Home and Hospital Instruction services.

Home and Hospital Instructions Eligibility – Student enrolled in Home and Hospital instruction are those students deemed to be "home bound" due to medical and/or psychiatric conditions and therefore must receive all instruction at home. These students are deemed physically or mentally unable to participate in our Independent Study program alternative, which includes a minimum attendance requirement of one two hours per week in a classroom designated for teacher contact and support.

TO BE COMPLETED BY PHYSICIAN (M.D. OR D.O. ONLY)

Patient's Name: _____ (Please print clearly)

Recommendation: (Initial appropriate choice using attached state guidelines)

Home and Hospital Instruction _____

Independent Study or school attendance w/ accommodations _____

Physician's Signature: _____ Date: _____

Address: _____

Phone: _____ License #: _____

****IF HOME AND HOSPITAL IS RECOMMENDED****

Diagnosis necessitating Home and Hospital Instruction: _____

Date Home and Hospital Instruction is to BEGIN: _____ END: _____

I, _____, certify that the above named student is unable to function on a regular school campus, even on a modified basis, because of his/her medically disabling condition. I am aware that the Home and Hospital Instruction program is available only to students who are home or hospital bound and I am recommending, on a temporary basis, Home and Hospital instruction as the ONLY appropriate method of instruction.

****Please note: This physician's recommendation must be renewed for each school semester****



Victor Valley Union High School District Home and Hospital Instruction Application

| | | | | |
|-----------------------|-----------|-------------|----------------------|------|
| Student Name: | | Age: | DOB: | Sex: |
| School of Attendance: | Grade: | Student # | RSP SDC Reg Ed Other | |
| Parent Guardian: | | | | |
| Home Address: | | | | |
| State: | Zip Code: | Home Phone: | Work Phone: | |

| | | |
|---------------------------------------|------------------------------|----------------------------|
| Name of Physician: | | |
| Address and Phone Number: | | |
| Specific Reason for Request: | | |
| | | |
| Is the Student in a CONTAGEOUS STATE: | YES NO (Please Circle) | Copy of protocol attached? |
| Expected Absence Start Date: | Expected End Date | If pregnant, due date: |

| | |
|--|-------|
| Completed By: | Date: |
| Comments, Special Considerations, or Restrictions: | |
| | |
| | |

Consent for Release of Information

I, the undersigned, hereby authorize (the) _____ to release any or all medical and/or psychological information regarding the above named student to Victor Valley Union High School District for inclusion in their records which are to be used for offering services to said person.

Signature of Parent/Guardian: _____ Date: _____

| | |
|--|-------------|
| Recommendation of Approval – District Nurse: _____ | Date: _____ |
| VVUHSD District Nurse | |

| | | |
|-----------------------------------|--|-------------|
| <input type="checkbox"/> Approved | District's Authorization _____ | Date: _____ |
| <input type="checkbox"/> Denied | Krystal Kerns - Coordinator, Special Education | |

| | |
|--|-------------------|
| Home Instruction Teacher Assigned: _____ | Start Date: _____ |
|--|-------------------|