

HOME / HOSPITAL INSTRUCTION Application

ACCESSIBILITY: To request this file in large print, please call (20)	2) 770-3252.	
PART A: GENERAL INFORMATION		
Name of Student		
Date of BirthPho	ne No.	
Address	city	postal code
Email address		postal code
Campus		
I/my representative make this authorization/c information otherwise protected by federa Information Portability and Accountability Act and Privacy Act of 1974 (the ISTUDENT ADVOCATE/REPRESENTATIVE	l regulations under ei (HIPAA) or the Family	ther the Health Educational Rights
Name		
Phone No Email ad	ddress	
Addressstreet	city	postal code
	City	postal code
DETAILS OF ILLNESS		
Signature of Student/Representative/Advocate		Date

STUDENT'S DOCTOR Name _____ Phone No. _____ Email address _____ Address ___ street city postal code **PART B:** A medical certification of need is required to access HHI. This is a written letter from the appropriate medical personnel. The contents of this letter is found on page two of the attached HHI policy. Medical Statement Enclosed: yes no Signature of Director of Curriculum and Instruction Date PART C: Estimated date of return to school: Home/hospital instruction teacher: Location of home/hospital intruction: **AUTHORIZATION**

AUTHORIZATION Signature of Chief Academic Officer Date Signature of Chief Executive Officer Date