

**BOARD OF EDUCATION, DISTRICT NO. 148
DOLTON, COOK COUNTY, ILLINOIS**

APPLICATION FOR HOME/HOSPITAL SERVICES

Home and Hospital Services are available for students who, due to a temporary physical or health impairment, must remain out of school for more than two weeks (ten school days). This form must be completed and submitted to the school before services can be initiated.

School	School District Dolton District 148
Address	School Contact Person (Person in Charge of Home/Hospital Program) Dr. Candace Dunleavy, Director of Support Programs
City/State/Zip	Phone (708) 841-5959

Request for Home/Hospital Services: (To be completed by Parent or Guardian)

I am requesting Home/Hospital Services for: _____
Child's Name

Sex	Age	Grade	Home Address
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Home Phone	City/State/Zip
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Address where services will be provided (if different from above)	Phone
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Additional Information _____

Date	Parent or Guardian's Signature
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Medical Certification for Home/Hospital Services: (To be completed by physician)

This is to certify that _____ is medically eligible and physically able to be enrolled in
 _____ Home instruction _____ Hospital class. (Check one)

Diagnosis:	Special Recommendations:
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Estimated length of time this student will need these services (in weeks) _____
 (Estimate must be more than two weeks and less than six months)

Typed or printed name of physician	Address
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Phone	City/State/Zip
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Date	Signature of physician
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Retain this form on file in the local school district for audit purposes.