

## Request for Home/Hospital Services

### Student Information:

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ School: \_\_\_\_\_

### To Be Completed By Physician or Nurse Practitioner [Only]:

Physician's Name: \_\_\_\_\_ NPI# \_\_\_\_\_  
Contact Information: \_\_\_\_\_  
Specify the student's current medical condition:

\_\_\_\_\_  
\_\_\_\_\_

Impact the medical condition has on the Student's ability to participate in his/her education, including the physical and mental level of tolerance needed for school.

\_\_\_\_\_  
\_\_\_\_\_

Approximate start date of Student's absence from school: \_\_\_\_\_.

Anticipated duration of the Student's absence:

Continuous for 2 weeks                       Intermittent for 4-6 weeks to exceed 10 days total  
 Exceeding 6 weeks – Physician must submit an updated medical authorization after the 12<sup>th</sup> week.

State how many hours the student can tolerate home instruction per week (not to exceed 10 per week). If student cannot tolerate more than 5 hours of home instruction per week, please state why:

\_\_\_\_\_  
\_\_\_\_\_

Recommended (Check One):                       Home Instruction                       Hospital Instruction

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please return to your Student's school by fax or mail:

Abraham Lincoln – 630-790-6404, 380 Greenfield Ave., Glen Ellyn IL 60137  
Benjamin Franklin – 630-790-6403, 350 Bryant Ave., Glen Ellyn  
Hadley, Jr. High – 630-790-6469, 240 Hawthorne Blvd., Glen Ellyn

Churchill – 630-790-6498, 240 Geneva Rd., Glen Ellyn  
Forest Glen – 630-790-6468, 561 Elm St., Glen Ellyn

### To be completed by School District:

Received by School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Received by Student Services Director: \_\_\_\_\_ Date: \_\_\_\_\_

*We make a difference. We embrace change together. We are a true team of professionals. We build the future.*