

MEDICALLY NECESSARY INSTRUCTION REQUEST

Parent: Complete Part 1, Have your Physician Complete Part 2, then Return to School your child is attending

Part 1 To be completed by Parent/Guardian

Student's Name _____ Birthdate _____ Grade _____

Address _____
Street City Zip Code

Parent Guardian's Name _____ Phone # _____

School Last Attended _____ Last Day Attended _____

Teacher/Counselor _____

Family Doctor _____ Phone # _____

Reason for Medically Necessary Instruction Request: _____

Release and Exchange of Information

Referring to the above-named person, I hereby request and authorize the release/exchange of medical, psychological, family and social information to the Chico Unified School District.

Parent/Guardian Signature

Date

Part 2 To be completed by physician

Medically Necessary Instruction is being considered for the student whose name appears above. Medically Necessary instruction is provided for a projected absence of more than four weeks. Medical advice is necessary in determining whether or not the student is physically unable to attend school.

Student's Name _____ Date _____

Diagnosis and Comments _____

Is Medically Necessary Instruction recommended? _____ Physical Psychological

Probable length of time student will be homebound: _____ weeks _____ months (Current School Year Only)

Please note student limitations/health precautions the instructor should be aware of:

Examining Physician's Printed Name

Examining Physician's Signature

Part 3 To be completed by school administrator

Medically Necessary Instruction Recommended? _____ Yes _____ No Student ID# _____

Number of minutes per week _____ (limit 300 minutes per week)

All Grades Attach:

IEP(copy) and/or 504 Plan

(If Special Ed)

Signature of Site Administrator

Grades 7-12 Attach:

Transcript

Class Schedule

School Site

Date

Make Copies as needed