



## Embracing Today – Inspiring Tomorrow

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PATTON | OLIVE | IVY HILL | GREENBRIER | THOMAS  
WINDSOR | WESTGATE | DRYDEN | SOUTH

### **CONSENT FOR HOME/HOSPITAL INSTRUCTION**

I hereby authorize (student's name) \_\_\_\_\_

(date of birth: \_\_\_\_\_ ) to receive:

\_\_\_\_\_ Home instruction

\_\_\_\_\_ Hospital instruction

at the earliest opportunity because of

\_\_\_\_\_ a projected absence period of at least two weeks, **or**

\_\_\_\_\_ a projected intermittent absence for at least 2 days at a time totaling at least 10 days this school year

I understand that a written statement of need must be provided by my child's physician and that the District will provide home/hospital instruction pursuant to state and federal law. I further understand that a parent or adult caregiver will be present during all home/hospital instruction and that the instruction may occur in a different setting if safety or other concerns require such an accommodation.

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Date