Walla Walla Public Schools

REQUEST FOR HOME/HOSPITAL INSTRUCTION

Walla Walla Public Schools Student Health Services 421 S. 4th St. Walla Walla, WA 99362	CHECK ONE: • Original Request • Extension NOTE: Beginning date on extension request must consecutively follow ending date of original request.

STUDENT INFORMATION

Student Name: (last, first, middle initial) PLEASE PRINT		School Where Student is Enrolled:	Grade Level:
Student's Parents/Guardian's Name:	Telephone Number:	Enrolled in Special Education? • Yes • No	Gender? M F

SECTION 1: TO BE COMPLETED BY QUALIFIED MEDICAL PRACTITIONER

DIAGNOSIS:

- Disease/Injury (specify primary diagnosis) _____
- Pregnancy (give due date) _____
- Post Partum (give delivery date) _____
- Other (specify)_____

- **I certify that this student is physically unable to attend school because of his/her own medical condition for_____weeks starting_____.**
- **I certify that this student is physically unable to attend school because of her pregnancy starting_____ and continuing for_____weeks post partum due to her own medical condition.***
- **I certify that this student is physically unable to attend school for_____weeks post partum due to her own medical condition.***

* *School or tutor must call with delivery date! If delivery or recovery is complicated and more recovery time is needed, submit an extension for longer service.*

Name of Qualified Medical Practitioner:	Telephone Number:	Business Address:
Signature:	Date:	

SECTION 2:

Tutor's Name:	Telephone Number:	School Contact::	Position:

SECTION 3:

Reviewed by:	Date:	• Approved • Denied	Start: _____ # of Weeks:_____

Questions? Call Student Health Services: (509) 526-8507 Fax: (509) 526-8507