



# School City of Hammond

## Medical Referral for Homebound Instruction Due to Medical Reasons

Student Name: \_\_\_\_\_ SCH ID#: \_\_\_\_\_ STN#: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

**TO THE PHYSICIAN: Please answer all questions and sign where indicated.**

1. Medical diagnosis of illness/injury: \_\_\_\_\_
2. Surgical Procedures: \_\_\_\_\_
3. Explain why this medical condition prevents student from attending school: \_\_\_\_\_  
\_\_\_\_\_
4. This student will be unable to attend school for at least \_\_\_\_\_ school days. (Specify # of days)
5. This student is experiencing emotional problems and outpatient therapy services are being provided.  
Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*Before a student may receive homebound instruction, a physician must evaluate the student and state in writing that the student has an illness or injury that requires medical treatment and extended absence from school for:**

1. Absence from school for twenty (20) consecutive school days
2. An aggregate of twenty (20) school days of hospitalization

**I have read and answered the above stated questions and this student meets the criteria set forth in these guidelines to receive instruction in the home by a School City of Hammond School Corporation certified instructor.**

|              |                      |
|--------------|----------------------|
| MD Signature | MD Please Print Name |
| Address      | Phone                |
|              | Date                 |

A student's need to continue Homebound Instruction must be confirmed with a new medical referral every 90 school days or as deemed necessary the the Special Education Department. A parent must provide the school corporation with a written statement from a physician with a unlimited license to practice medicine prior to the student's return to school.

Return Form to:  
 School City of Hammond  
 Health Services Department  
 41 Williams Street  
 Hammond, IN 46320  
 Fax: 219-989-3957

Medical Questions:  
 Sarah Ligon  
 Supervisor of Health Services  
 219-933-2400  
[SLLigon@hammond.k12.in.us](mailto:SLLigon@hammond.k12.in.us)

Coursework Questions:  
 Heather Paskis  
 Executive Director of Special Education  
 219-933-2400  
[HWPaskis@hammond.k12.in.us](mailto:HWPaskis@hammond.k12.in.us)