

LearnWell Temporary Home or Hospital Instruction Form

Parental Consent

I _____ am the _____ of
LEGAL GUARDIAN NAME RELATIONSHIP TO CHILD

_____, _____ / _____ / _____
CHILDS NAME CHILDS DATE OF BIRTH ADDRESS, NUMBER, STREET AND APT. OR SUITE NUMBER

_____, (_____) - _____ - _____. The child is in _____ grade
CITY, STATE, ZIP CODE PHONE GRADE

and attends _____ in _____. Please Contact
SCHOOL SCHOOL DISTRICT

_____ at (_____) - _____ - _____ or by email at _____
SCHOOL CONTACT NAME PHONE EMAIL

CHILD HAS IEP YES NO

I am the legal guardian of the child noted above and authorize LearnWell to obtain and exchange information with the parties indicated above.

Verbal Consent Received From:

Written Consent Given From:

Name/Relationship to Child

Name/Relationship to Child

Received By:

Date:

Staff Member Receiving Signature

_____/_____/_____
Date

Physician's Statement

Admitted on ___ / ___ / ___ for the following Diagnosis: _____ . The

anticipated discharge date is currently: ___ / ___ / ___

This is the student's first hospitalization/ admission this school year YES NO

PHYSICIANS INFORMATION

Physicians Name: _____ Type of Physician: _____

Hospital/Treatment Facility: _____

Address: _____ Phone: _____

PHYSICIAN'S SIGNATURE: _____ Date: ___ / ___ / ___