



# School City of Hammond Department of Health Services

41 Williams Street, Hammond, IN 46320 – Phone (219) 933-2400 – Fax (219) 989-3957

### 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 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 by the Special Education Department. A parent must provide the school corporation with a written statement from a physician with an 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 ext. 1005  
[SLLigon@hammond.k12.in.us](mailto:SLLigon@hammond.k12.in.us)

Coursework Questions:

Robert E. Prieboy  
Director of Special Education  
(219) 933-2400 ext. 1083  
[mlpatka@hammond.k12.in.us](mailto:mlpatka@hammond.k12.in.us)