

HEALTH OFFICE

- FX Nurses: 973-389-2035 / 973-389-4225 / 973-389-4145 - Fax #: 973-389-4125
- FX Nurses: 973-790-6000 Ext. 5018 - Fax #: 973-389-4125
- Main Lobby Nurses: 973-389-7218 / 973-389-4226 - Fax #: 973-790-6670
- Rocco Nurse: 973-389-4169 - Fax #: 973-389-4146
- STEM Nurses: 973-585-2235 / 973-790-6000 Ext. 5019 - Fax #: 973-646-3542 / 973-646-3533

BEDSIDE INSTRUCTION REQUEST

Date Request Given to Parent

Date Request Returned by Parent

Name: _____
Address: _____
Home Phone: _____ Cell: _____
Date of Birth: ____/____/____ Classified: Yes / No
Student ID #: _____
Date: _____

Physician's Statement:

- A. Medical Determination/Diagnosis of need for Bedside instruction:

- B. Length of time condition will prevent child from attending school: _____
- C. Tutor Should start on: _____

Physician's Name (Print)

Physician's Signature

Physician's Stamp

Date

Parent(s)/Guardian(s):

I am requesting Bedside instruction for my child whose name appears above.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Approval for Bedside Instruction:

- () Bedside Instruction Approved by School Physician.
() Bedside Instruction NOT Approved by School Physician.

School Physician's Signature

School Nurse's Signature

Date

Date

Approval from Principal (Signature):

PCTI - Antonio L. Garcia, Principal

DCL STEM - Joaquim W. Johnson, Principal

Date