

# HOSPITAL VERIFICATION OF INSTRUCTION FORM



(This form should be returned to the Baldwin County Public School System upon the student's re-entry to his/her base school.)

## SECTION I – STUDENT INFORMATION

Student's Name:	Date of Birth:	Age:	Grade:
Parent/Guardian Name:	Student's Medical Issue:		
Address:		Phone:	

## SECTION II—BASE SCHOOL INFORMATION

School:	Address:
School's Homebound Coordinator:	Phone:

## SECTION III – HOSPITAL SERVICES INFORMATION

Hospital Name:	Hospital Services Teacher Name:
Student was hospitalized from:	
Begin date: ____/____/____	
End date: ____/____/____	

Dates student participated in school while in the hospital: \_\_\_\_\_

Date(s)	Number of Hours	Content Area(s)

Student work was provided by:

- ☐ Hospital teacher  
☐ Student's base school

In compliance with federal law, Baldwin County Public Schools administers all education programs, employment activities, and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age, or disability.

Work was completed in the following areas:

- ☐ Reading/English
- ☐ Mathematics
- ☐ Science
- ☐ Social Studies
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

This student participated in our hospital school program during his or her recent hospitalization. Attendance credit can be granted according to the pre-established guidelines in the Baldwin County Public School System. Please accept all completed assignments and allow ample time to complete any make-up work.

Comments:

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I hereby certify that the information provided above is true and represents an accurate representation of the student's participation in the \_\_\_\_\_ school program during his/her most recent hospitalization.  
(Name of hospital)

Teacher's Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section IV: (To be completed by BCPSS school personnel)**

Date form received from hospital: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date form given to classroom teachers: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Notes:

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