



## HOSPITAL/HOMEBOUND PROGRAM School District #36 (Surrey)

The SD36 Hospital/Homebound program provides the student with **2 hours per week** of teaching until the student is able to return to school.

This medical note, *completed by a medical doctor*, is required stating that the student is **unable to attend school** due to illness or injury.

\_\_\_\_\_ is **unable** to attend school  
Name of student *(please print)*

*Reason for school absence (Illness, Injury, Other):* \_\_\_\_\_

*Please provide details:* \_\_\_\_\_

***Projected duration of school absence*** *(note: if medical absence extends beyond 3 months, an updated medical note will be required).*

*Please circle one of the following:*      1      2      3      week(s)

1      2      3      month(s)

*All medical notes subject to review by School District Administration.*

*Date:* \_\_\_\_\_

*Doctor's Name (Print):* \_\_\_\_\_

*Doctor's Signature:* \_\_\_\_\_

*Address of Medical Doctor:* \_\_\_\_\_

**Please fax completed Medical Form to 604-595-6400**

*If you have any questions or concerns, please contact the Hospital/Homebound Program at 604-595-6436*