

OFFICE USE ONLY



Start Date:

End Date:

Return to School:

Empty box for office use only.

Medical Professional's Recommendation for Home & Hospital Services for PHYSICAL Health Conditions

Main form area with sections for PARENT/LEGAL GUARDIAN and MEDICAL PROFESSIONAL. Includes fields for student information, address, school, and a detailed medical statement section.

PARENT/LEGAL GUARDIAN

MEDICAL PROFESSIONAL

* Return completed form to Student Services, attention Lindsey Strubin: FAX: 301-334-7642 or EMAIL: lindsey.strubin@garrettcountryschools.org

Approved by: _____ Date: _____