



Miami-Dade County Public Schools

**Physician's Release of Student from
Placement in Homebound/Hospitalized Program
Consentimiento del Medico para Autorizar la Salida del Estudiante del
Programa de Instrucción para Estudiantes en el Hogar u Hospital
Fòm Doktè pou Retire elèv la nan pwogram pou Moun Malad
ki Rete Lakay/Ospitalize**

STUDENT NAME (last, first, middle)	STUDENT ID NUMBER
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Students will not be allowed to return to school from a Homebound/Hospitalized placement until he/she is cleared by the student's physician/psychiatrist. Upon receipt of this release, an IEP meeting to consider dismissal from the Homebound/Hospitalized Itinerant Program will be scheduled.

No se permitirá a ningún estudiante regresar a la escuela después de haber participado en el Programa de Instrucción para Estudiantes en el Hogar u Hospital sin la autorización del médico y / o siquiatra del estudiante. Cuando se reciba esta autorización del médico y / o siquiatra, se convocará una reunión del IEP para considerar la salida del estudiante de dicho Programa.

Yo pap pèmèt elèv yo ki sòti nan pwogram pou Moun Malad ki Rete Lakay/Ospitalize retounen lekòl jiska ke doktè/sikyat ba li otorizasyon pou retounen lekòl. Osito li resevwa otorizasyon sa a, yo ap fè yon randevou pou yon reynyon Plan Edikasyon Endividyèl pou retire li nan pwogram entriksyon pou Moun Malad ki Rete Lakay/Ospitalize.

The physician/psychiatrist should use the following space to share any information with the school.

The student named above no longer requires placement in the Homebound/Hospitalized Instructional Program and can return to his/her assigned school on:

____ / ____ / ____
MM DD YYYY

SIGNATURE OF PHYSICIAN

DATE

Please return the completed form to:
Por favor envíe el formulario lleno a:
Tanpri ranpli fòm nan epi retounen li ba:

Brucie Ball Educational Center
11001 SW 76 Street
Miami, Florida 33173
Telephone: (305) 514-5100
Fax Number: (305) 447-3761

**THE MIAMI-DADE COUNTY PUBLIC SCHOOLS
HOMEBOUND/HOSPITALIZED INSTRUCTIONAL PROGRAM**