

PASSAIC COUNTY TECHNICAL INSTITUTE
Health Office
45 Reinhardt Road
Wayne, NJ 07470
FX Nurses: (973) 389-2035, (973) 389-4225, (973) 389-4145
C-Wing Nurses: (973) 389-7218, (973) 389-4169
Rocco Nurse: (973) 389-4226
Fax#: (973) 389-4125

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: _____

Physicians 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 Signature

Date

Physician's Stamp

Parent(s)/Guardian(s):

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

Parent Signature

Date

Approval for Bedside Instruction:

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

School Physician's Signature

Date

School Nurse's Signature

Date

Approval from Principal:

Dr. Michael Parent Ed.D

Date