



# Northeastern Catholic District School Board

## MEDICAL INFORMATION TO SUPPORT APPLICATION FOR HOME INSTRUCTION Form B

### STUDENT INFORMATION

Student Name:

Date of Birth:

School:

Grade:

The aforementioned student is unable to attend school because of:

- Serious illness
- Injury
- Other (please describe)

\_\_\_\_\_

\_\_\_\_\_

Anticipated period of absence from school:

### PHYSICIAN INFORMATION

Name of Physician:

Signature of Physician:

Telephone Number:

Address:

#### Note:

The legal authority for the collection of this information is the *Education Act*.  
The Board uses the information for the purpose of carrying out its responsibilities under the Act.  
If you require information about the collection of this information,  
Contact the Privacy Information Officer at 705-268-7443.

A completed copy of this form must be submitted with the Request for Home Instruction.

Any costs related to the completion of this form are the responsibility of the parent/guardian/student.

Revised April 2018

