PHYSICIAN’S STATEMENT

This is to certify that the person named herein is a patient at the Guam Memorial Hospital Authority and is under my care.

Patient’s Name: _____________________________   Admission Date: _____________________

Patient’s condition: □ Stable   □ Critical

_______________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Estimated Length of Stay: __________________

____________________   ______________________________________________________
Date                    Physician’s Name and Signature

Given to Parents/Legal Guardian by (Staff Name & Title) ________________________________

TO PARENTS/LEGAL GUARDIAN:  Present this document to your child’s school counselor or teacher. The school counselor/teacher should provide guidance on how your child can maintain with his/her schoolwork, if appropriate. When the counselor provides his/her disposition, return this form to the GMHA Pediatrics Department

Acknowledged By:

Parent/Legal Guardian Name:  __________________________________
Print Full Name

Parent/Legal Guardian Signature:  ___________________________ Date/Time: ______________

TO THE SCHOOL COUNSELOR/TEACHER: Your student (identified above) is a patient at GMHA. Please provide any guidance to the student and his/her parent or legal guardian on how he/she can maintain the school work that has been missed as a result of his/her admission

SCHOOL COUNSELOR/TEACHER DISPOSITION:

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

SCHOOL COUNSELOR/TEACHER’S NAME:  _______________________________________
Print Full Name

COUNSELOR/TEACHER Signature:  ___________________________  Date/Time: ___________

ACADEMIC EDUCATION FOR LONG-TERM PEDIATRIC PATIENTS

Guam Memorial Hospital Authority
Reviewed/Revised: 09/18; Approved: NM (08/18); Social Services (10/18); Education (08/18); Peds (09/18); MEC (09/18)
Form # 003