



To: Physician, Hospital, Clinic
From: Dr. Angela Flowers, Coordinator of Student Services

Re: Intermittent Homebound for Chronic Illness

Intermittent homebound is for students who have a chronic illness that may cause a child to be out of school a couple of days per week. Incomplete forms will be denied.

The original Form completed by the parent and doctor must be returned to the Homebound Office

Section I (To be completed by parent)

Name of Student _____ School _____ Student Number _____
Grade ____ DOB _____ Gender M__ F__ Home Phone _____
Address (including zip code) _____ Zip Code _____
Parent/Guardian (print) _____
Cell Phone: _____ Work Phone _____ Email address _____

Section II (To be completed by the licensed physician or licensed psychologist providing care to the student for the condition for which homebound is being requested).

1. Medical Condition for homebound request (Describe) _____

2. Date of examination and diagnosis of illness? (must be current within 30 days) _____
3. What treatment is the student currently receiving? _____

4. Approximately how frequently will this condition keep the student out of school during the week or month? Specify approximate number of days per week or month. _____
5. Recommendations regarding the school related activities to be encouraged or restricted (physical), etc.
Encouraged: _____
Restricted: _____
Additional recommendations _____

PRINT Licensed Physician's Name _____ **Telephone Number** _____
Licensed Physician's Signature _____ **Date** _____ **Fax Number** _____

The Homebound Office has my permission to exchange information with the Physician's Office.

If approved, I understand that I must contact the school on the day my child is absent due the approved medical condition and write a note for the absence. If I fail to contact the school and write a note, my child's absence from school will be documented as an absence and not homebound.

Parent/Guardian Signature _____ **Date** _____

Approved ____ Coordinator's Signature _____ Date _____