# Regional School District 13 Public Schools
# REQUEST FOR MEDICAL/PSYCHOLOGICAL HOMEBOUND INSTRUCTION

***For Parent/Guardian To Complete (print):***

Student: _____ _____ _____ _____ _____
Last name first name MI date of birth school grade teacher/guidance counselor

Address _____ _____ _____
Street home phone student's email (for homework-optional)

Mother _____ _____ _____ _____ _____
Name home phone cell phone work phone email (optional)

Father _____ _____ _____ _____ _____
Name home phone cell phone work phone email (optional)

Other _____ _____ _____ _____ _____
Name home phone cell phone work phone email (optional)

Illness or Injury affecting student's ability to attend regular classes:

_____

_____ Date of onset _____

Attending Provider(s): _____ _____ _____
Pediatrician phone fax

_____ _____ _____
other (physical or mental health) phone fax

_____ _____ _____
other (physical or mental health) phone fax

I hereby ____ **do** ____ **do not** authorize the health care provider(s) above to exchange information about my child's health with the Regional School District 13 Public School Health Services and Education Departments for the purpose of assessing the need for homebound instruction. This authorization is valid beginning today and will expire one year from today. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that health records, once received by the school district, will become education records protected by the Family Educational Rights and Privacy Act (FERPA) rather than the HIPAA Privacy Rule.

_____ _____ _____
Printed Name of Parent or Guardian Signature Date

***For Physician To Read and Complete:*** State Department of Education Regulations 10-76 d-15 require the child's treating physician shall provide a statement in writing directly to the board of education on a form provided by such board, stating: (A) the child's treating physician has consulted with school health supervisory personnel and has determined that attendance at school with reasonable accommodations is not feasible, (B) the child is unable to attend school due to a verified medical reason. (C) the child's diagnosis with supporting documentation, (D) the child will be absent from school for at least ten consecutive school days or the child's condition is such that the child may be required to be absent from school for short, repeated periods of time during the school year and, (E) the expected date the child will be able to return to school.

Diagnosis/Reason for Homebound Instruction: _____

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Initial: _____ _____ _____ _____ _____
Start Date End Date Physician's Name (print) Physician's Signature Date

**Comments:** _____

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**FOR SCHOOL PERSONNEL ONLY:**

**Reviewed by:** _____ Administrator _____ _____
Signature Signature & title date

Update: _____ _____ _____ _____ _____
Start Date End Date Case Manager (print) Case Manager - Signature Date