

**McKENZIE SPECIAL SCHOOL DISTRICT
HOMEBOUND APPLICATION**

HEALTHCARE PROVIDER DOCUMENTATION

This form is required when a student is applying for homebound services due to an illness or injury which prevents school attendance for a duration of at least ten consecutive school days. **According to TCA Section 49-10-1101, homebound placements shall not exceed thirty (30) school days duration. Medical problems which require homebound placement for more than thirty (30) school days will require recertification by physician.**

TO BE COMPLETED BY PARENT: (Please print)

Student Name _____ Date of Birth _____

School Attended _____ Grade _____ Gender _____

Parent(s) Name _____

Student Address _____

Phone Number (home) _____ (work) _____ (cell) _____

Homebound services are requested for the student named above. I grant permission for school officials to contact student's physician regarding this case, and I grant permission for the physician to discuss this case and provide necessary information to school officials.

Parent Signature _____ Date _____

TO BE COMPLETED BY PHYSICIAN: (Please print)

Must be completed by the appropriately licensed specialist (i.e. M.D., OB/GYN, Orthopedic Surgeon, Psychiatrist, etc.). Applications signed by physician's assistants, nurse practitioners, chiropractors, etc. will **not** be accepted. Students who are seeking homebound services for emotional or psychological disorders (bipolar disorder, depression, anxiety, phobias, etc.) must have the form completed by a licensed clinical psychologist, neurologist, or psychiatrist. Family physicians not licensed in treating psychological disorders may not be the doctor of record in these cases.

Physician's Name _____ Phone _____ Fax _____

Street Address _____ City, State, Zip _____

Diagnosis _____

Date Last Examined _____ Communicable Status _____

Treatment Plan/Medications _____

Prognosis _____

Restrictions of physical activity? Yes _____ No _____ If yes, specify nature and duration of restriction.

Restrictions: _____

Date Homebound to Begin _____ Date Expected to Return to School _____

Reminder: Homebound placement shall not exceed 30 days. More than 30 days will require recertification.

Signature of Physician _____ Date _____

(Stamped Signature Not Acceptable)