MCMINN COUNTY SCHOOLS
HOMEBOUND RECERTIFICATION APPLICATION

According to TCA Section 49-10-1101, homebound placements shall not exceed thirty (30) school days in duration. Medical conditions that require homebound placement for more than thirty (30) school days will require recertification by a 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) _____

TO BE COMPLETED BY ORIGINAL TREATING PHYSICIAN: (Please print)

Physician's Name _____ Phone _____ Fax _____

Street Address _____ City, State, Zip _____

Date of Most Recent Office Visit _____

RECOMMENDATIONS FOR HOMEBOUND:

In your medical opinion, could this student return to school with accommodations? YES ____ NO ____
(If yes, check all recommendations that apply below. If no, please list below complications of medical condition preventing the student's return to school.)

Recommendations for accommodations to facilitate student's return to school:

_____ Partial School Day (_____ Morning only _____ Afternoon only)

_____ Administer Medications (Please list medications, dosage, times, route, and duration) _____

_____

_____ Nursing Procedure(s) (Please list procedures needed with orders for any special care required.)

_____

_____ Classroom Modifications (Please list modifications needed i.e. frequent breaks, comfortable chair, etc.)

_____

Please list complication(s) of medical condition(s) that necessitate continued homebound placement.

_____

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

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

Signature of Physician _____ Date _____

(Stamped Signature Not Acceptable)