

MEDICAL HOMEBOUND INSTRUCTION FORM

CHARLESTON COUNTY SCHOOL DISTRICT

Instructions for Completing the Medical Homebound Instruction Form:

- A licensed physician must fully and legibly complete *Section II – Medical Information*. Partially completed sections will not be accepted. A diagnosis, accommodations plan and educational impact must be addressed. The recommended start date must be determined by the physician and the projected return date cannot exceed a period of 45 instructional days (or into the next school year). If the student is unable to return by the projected return date, a new Medical Homebound Instruction Form must be completed by the physician. Each school year a new homebound form is required. The school may request additional information to justify the need for extended services. If a student is able to return to school prior to the projected return date, a medical release will be required.
- The parent, legal guardian, or surrogate must date and sign *Section III – Release*. This section authorizes the release of medical, educational, and/or mental health information to school officials. Failure to grant permission will delay the application process and could possibly result in denial.
- The school Principal or his/her designee will complete *Section IV – Authorization*. This section should be left blank when submitting the form.

SECTION I – Student Information (to be completed parent):

Student's Name:	Date of Birth:	Age:	Grade:
School:	Is this student identified as having a disability? Yes _____ No _____ Category: _____ 504 _____		

SECTION II – Medical Information: (To be fully completed by a licensed physician)

Select one: <input type="checkbox"/> Intermittent (Alternating Attendance) <input type="checkbox"/> Full-Time (No Attendance)
Diagnosis of condition that <u>prevents</u> school attendance: (Attach additional information if needed)
Could this student attend school if accommodations are made by the school? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please list the accommodations suggested: If NO, Please explain:
How does this medical condition impact educational performance?
Recommended start date: _____ / _____ / _____ Projected return date: _____ / _____ / _____ <small>Cannot exceed 45 instructional days from the recommended start date.</small>
I certify that the above student cannot attend school because of illness, accident, or pregnancy, even with the aid of transportation but may profit from instruction given in the home, alternative setting, or hospital.
Date: _____ / _____ / _____ Phone #: _____ Address: _____
Printed Name: _____ Signature: _____

SECTION III – Release (To be completed by parent/guardian or by student, if eighteen or older)

I authorize the release of medical, educational, or mental health information to school officials.
Printed Name: _____ Signature: _____ Date: _____ / _____ / _____

SECTION IV – Authorization (To be completed by the Principal or his/her Designee)

I certify that school officials will consider whether the student now qualifies under Section 504 of the Rehabilitation Act of 1973 or is eligible for entry into programs for children with disabilities. I further certify if this is a student with a disability in accordance with State Board of Education regulations and if the student's medical homebound placement constitutes a change of placement, an IEP committee with parental involvement will develop an individualized education program (IEP). Medical homebound services are authorized to begin on or after _____ / _____ / _____.
Printed Name: _____ Signature: _____ Date: _____ / _____ / _____

The need for medical homebound instruction will be reviewed every 45 instructional days. School districts must retain this document on file for a period of five (5) years in accordance with procedures set forth in the South Carolina Pupil Accounting System Instruction Manual.