

HAWKINS COUNTY SCHOOLS
200 North Depot Street, Rogersville, TN 37857
PHONE: 423-272-7629 x2018 FAX: 423-272-8642
Attention: Greg Sturgill
MEDICAL FORM FOR HOMEBOUND SERVICES

STUDENT'S NAME _____ DATE OF BIRTH _____

SCHOOL ATTENDED _____ SOCIAL SECURITY NUMBER _____

GRADE LEVEL _____ PARENT/GUARDIAN _____

PHYSICAL ADDRESS _____

PHONE _____ EMAIL _____

NAME OF PHYSICIAN (Please Print) _____

ADDRESS OF PHYSICIAN _____

PHONE _____ FAX _____

May HCS exchange school/health related information with the medical provider listed above? ___ YES or ___ NO

Parent/Guardian signature _____

This student has been referred for homebound services. Medical information is needed to plan an individualized educational program. This information will be confidential and used only by persons directly involved with the student.

Diagnosis/Etiology _____

Prognosis _____

Treatment _____

Medication: Type _____ Dosage _____

Physical Limitations _____

Date Examined _____ Date Expected to Return to School _____

CHECK ONE:

_____ This child is physically able to attend classes in regular school.

_____ This child is able to attend classes in regular school for an abbreviated day. Specify amount of time:

_____ This child is unable to attend classes in regular school, but is able to receive home/hospital instruction. If checked, please explain the risk to this child or other children if he/she returns to school at this time:

SIGNATURE OF PHYSICIAN: _____ DATE _____

TEACHER ASSIGNED _____

Beginning Date _____ Ending Date _____