

DeSoto County Schools- Alternate Online Learning
Medical Recommendation Form- Fall 2021

Name of Medical Office	Student's Name
Date of Recommendation	Physician's Name Completing Recommendation Letter
<input type="checkbox"/> Check here if the medical recommendation is in reference to the student listed above.	
<input type="checkbox"/> Check here if the medical recommendation is in reference to a family member residing within the student's household.	
Please sign below acknowledging that you recommend the student listed above be removed from the traditional classroom setting and placed in the online setting provided by DeSoto County Schools for the 2021 fall semester due to a medical reason.	
Print Name: _____ Signature: _____ Date: _____	

Please submit a letter from the physician including the following:

- Student's Name
- Reason for requesting enrollment into the alternate online learning option for the 2021 fall semester
- Physician's signature
- Physician's Phone Number

*****The physician will need to state in the letter that he/she recommends the student to be removed from the traditional classroom setting and placed in the online setting due to the student's medical condition or the medical condition of a family member in the same household.**

DeSoto County Schools officials may need to contact the physician in order to verify information in the medical form or in the physician's recommendation letter.

Submit this form, physician's letter, and signed alternate online learning handbook consent form in one e-mail to aol@dcsms.org. The subject line of the e-mail should include the student's name and school. Example: Susan Smith- Walls Elementary