

PIKE ROAD SCHOOLS

Homebound Medical Release Form
(To be completed by physician)

STUDENT _____ DOB _____ SCHOOL _____ GRADE _____

PARENT _____ ADDRESS _____

HOME PHONE _____ ALTERNATE PHONE _____

MEDICAL EVALUATION

TO THE DOCTOR: This student/parent has requested homebound services. Medical information is needed in order to provide this service.

Diagnosis/Etiology: _____

Treatment/Medication: _____

DATE: Treatment began for this diagnosis: _____ Anticipated ending treatment: _____

Is this child receiving psychological counseling? _____ How often? _____

PLEASE TYPE OR PRINT: Physician's name _____

Address _____ Phone # _____

Signature of Physician _____ Date _____

(Please do not use a stamp. The form must be signed by a licensed physician.)

EDUCATIONAL RECOMMENDATION

Please check one of the following, which will give this child the best educational advantage. Please check only one.

___ 1. This child is physically able to attend classes in a regular school with limitations as follows:

___ 2. This child needs home instruction.

Specify the number of weeks needed for homebound instruction _____

Please return completed form to:

Pike Road Schools
Attn: Lynell Carr
500 Avenue of Learning
Pike Road, AL 36064