

## Homebound Tutoring for Health Reasons

**To the Provider:** Your patient is enrolled in the Missoula County Public Schools. Educationally relevant medical information about their health condition is essential to help school personnel plan an appropriate educational program. By bringing you this form, the child's parent/guardian has given permission for you to release this information to the school. All information will be kept confidential and shared only with those staff working directly with the student. Details regarding symptoms, the duration of the illness, anticipated absences, and accommodations are critical components in planning appropriate academic support. We will ask you to update this information periodically. It is our hope to facilitate your patient's participation in their regular school program as soon as possible. This form should be completed by the child's health care provider and returned to Charlene Hubbard, Special Services Secretary (FAX 406-327-6961) for Missoula County Public Schools. Parents or students may not complete medical forms. Thank you for your assistance.

Name of Student: Name of School:			Date of Birth:
			Grade:
Α.	Medic	al Diagnosis/ Qualifying Condition: _	
В.	How does the diagnosis or condition affect the child's ability to attend school?		
<b>C</b> .	Date o	f last client visit with practitioner:	
D.	Are there any precautions that the homebound instructor needs to be aware of?		
► perio	Home		prary service. The school may ask for updated information
E.			n will prevent full school attendance?
Pro	vider's S	Signature:	
Address:			Date
			Phone
Fax	То:	Charlene Hubbard, Special Servi Missoula County Public Schools	ces Secretary
Fax	:	Fax: (406) 327-6961 Phone: (406) 728-2400 ext. 1087	

Revised 10-23-15