DEPARTMENT OF STUDENT SERVICES
REGION 15
Middlebury Southbury

HOMEBOUND AND HOSPITALIZATION INSTRUCTION
VERIFIED MEDICAL REASON

Name of Child:_____ Date of Birth:_____

Address of Child: _____

Name of Parent(s):_____

Address of Parent(s) (if different from child):_____

The section below must be completed by the student's treating physician to verify a medical reason that prohibits the student from attending school. Upon completion, this form must be provided by the treating physician directly to Regional School District 15 at P.O. Box 395, Middlebury, CT 06762 or faxed to 203-758-1948.

Contact Information of Treating Physician

Name:_____

Address:_____

Phone:_____ Fax:_____Email:_____

YES	NO	**Medical Verification-All Boxes below must be checked and the school nurse contacted prior to Region 15 initiating Homebound Tutoring**
☐	☐	I have consulted with school nurse at the below circled phone number and have determined that the child's attendance at school with reasonable accommodations is not feasible.
☐	☐	The above-named child is unable to attend school due to a verified medical reason.
☐	☐	The child will be absent from school for at least ten (10) consecutive school days.
		OR
☐	☐	The child will be absent from school for short, repeated periods of time during the school year.

The child has been diagnosed with:

_____

_____

*** Documentation supporting the above diagnosis MUST be submitted to Regional School District 15 along with this Medical Verification Form.**

The child is expected to be able to return to school on:_____

By signing below, I verify that the above information is accurate to the best of my professional knowledge.

_____ _____
Signature of Treating Physician Date

REGION 15 HEALTH OFFICE PHONE NUMBERS

PHS – 203-262-3222 MMS – 203-758-1912 RMS – 203-264-2767 GES – 203-264-6811 LMES – 203-758-1935 MES – 203-758-1911 PES – 203-264-6230