

## Homebound Services for Student Pregnancy

**Note: This form must be completed by the parent/legal guardian and hand-delivered to Student Services at 430 Greenwood Avenue or faxed to (931) 553-2057.**

\*Homebound services will not be provided until both the parent request and the physician recommendation are received in Student Services.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Grade** \_\_\_\_\_ **School** \_\_\_\_\_ **Circle one:** Regular Ed Special Ed 504

**Expected Date of Delivery** \_\_\_\_\_ **Name of OB/GYN PHYSICIAN (not NP or PA)** \_\_\_\_\_

**Fax** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Address** \_\_\_\_\_

**Parent/Adult(s) present during homebound:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_ **Parent's Email** \_\_\_\_\_

\*Homebound is a TEMPORARY setting with services for **3 hours per week (2 sessions of 1.5 hours each)**.

\*State guidelines provide homebound instruction for 6 weeks after delivery.

**\* Symptoms common to pregnancy include back pain, fatigue, nausea, vomiting. These are not considered complications unless hospitalization or total bed rest is prescribed. For the purpose of pregnancy related homebound, complications should be documented with a diagnosis code. Examples of complicated pregnancy include, but are not limited to gestational diabetes, eclampsia, placenta tear, any complications requiring hospitalization, etc.**

### **Parent or Guardian REQUIRED MEDICAL RELEASE**

I authorize the named licensed, treating physician (with his/her staff) and Clarksville-Montgomery County School System to fully share and provide each other with information regarding the above student. All information is confidential and will be for professional use only. This release is good for one year.

**PARENT Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **For Office Use Only**

**Date assigned to Homebound:** \_\_\_\_\_ **Date Homebound Ends:** \_\_\_\_\_ **Date Return to School:** \_\_\_\_\_

**Homebound Teacher:** \_\_\_\_\_

**INCOMPLETE FORMS WILL RESULT IN DENIAL OF SERVICES**