

**Swartz Creek Community Schools
2018-2019 Parent/Physician Medical Release**

This form must be received by the Office of Instruction before homebound/hospitalized services can be implemented. Medical condition requires the student to be hospitalized or confined to his/her home during regular school hours for longer than five (5) school days.

This note is for homebound services only and will not be used to excuse prior absences.

Parent Section:

Student's Name _____ Birth date _____

Parents/Guardian Name _____

Address (Street, City) _____

Home Telephone Number _____ Work Telephone Number _____

I give permission to the physician named below to release medical information concerning my son/daughter to the Swartz Creek School District and staff.

Parent/Legal Guardian Signature _____ Date _____

Services will begin and end on dates noted by Physician. Start date must be current and cannot be retroactive. This note will not be used to excuse prior absences.

Physician Section:

Physician's Name _____

Address (Street, City) _____

Telephone Number _____ Fax _____

Start Date of Service _____ Return to School Date _____
required) (required)

Comments

Physician's Signature _____ Date _____

Physician: Please fax this to Swartz Creek Schools/Office of Instruction 810-591-2784.

School Official

Rodney Hetherton, Assistant Superintendent Date _____