****Colquitt County School District brian.lewis@colquitt.k12.ga.us

Hospital Homebound Coordinator: Office: (229) 890-6200 Ext. 10075

Brian Lewis Fax: (229)785-8145

**Personal Information: Date:**

Student’s Name:

School:Grade:

Birthdate:
Parent’s Name:

Phone Number:Alternate Phone:

How would you prefer for me to contact you? **(Circle One)** Text message or Phone Call

Student’s Address:

Directions to Student’s Address:

**Parent Statement: Date:**

I have read all of the rules and regulations associated with HHB and I understand and accept my responsibilities concerning HHB services. I also give my permission for the relevant medical information to be released to the Colquitt County Board of Education.

Name:
Signature:
Date:

**Medical Information:**

Diagnosis of health issue/illness:

Approximate duration of absence from school:

Date HHB services may begin:

Date HHB services end:

Limitations:

Physician Name: Signature:

Address: Phone Number:

 **Principal Approval:**

Principal Name: Principal Signature:

**CCBOE Approval:**

Superintendent/Designee Name:

Signature: