

SECTION VI – INSTRUCTION
(6000-72)

**PHYSICIAN’S STATEMENT OF ILLNESS, ACCIDENT,
OR UNUSUAL DISABLING CONDITION FOR
HOMEBOUND INSTRUCTION**

(Refer to Policy Section 6275.00 – 6275.50)

As part of the State of Idaho requirements for instruction at home or other off-campus location, it is necessary that a licensed physician certify the condition of the student. The student must have one or more of the following conditions that will prevent school attendance for ten or more school days: **a physical illness, an accident, or for those previously placed in special education, an unusual disabling condition.**

Student’s Name _____ DOB _____ School _____

I, _____, certify that _____
Physician’s Name (Please Print) Student’s Name (Please Print)

is undergoing treatment for or is under my care for the following that prevents school attendance:

Illness Accident Unusual Disabling Condition

Diagnosis or Condition: _____

Date of last examination _____

Estimate of the date the student may be able to return to school _____

Physician’s Signature

Date

Please return to the school principal or counselor where this student attends school.

(7-22-03)