

Hospital/Homebound Referral & Consent Form

Central Programs & Services - SD #23 (Central Okanagan)

FAX: 250-870-5020

PHONE: 250-870-5120 ext. 4309

PLEASE REFER TO THE BACK OF THIS FORM FOR DETAILS ABOUT THE
HOSPITAL / HOMEBOUND PROGRAM

DATE _____

STUDENT'S NAME _____ SEX _____

DATE OF BIRTH _____ PHONE # (home) _____
(year) (month) (day) PHONE # (work) _____

PARENTS' OR GUARDIANS' NAMES _____

FULL HOME ADDRESS _____

EMAIL ADDRESS _____

PRESENT SCHOOL _____ GRADE _____

Please list courses to be supported by Hospital Homebound Services

CORE COURSES	TEACHERS	CORE COURSES	TEACHERS
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Referred by: Principal Vice Principal or Counsellor

Print Name of person referring _____ Referral Signature _____ Date _____

Reason(s) for Referral: HOSPITAL HOME

*** Please have your child's physician complete the Hospital Homebound Medical Form (also located on the website) and return it to school, to be faxed to Central Programs & Services. (250-870-5020) The completed physician's referral form must accompany this application. ***

TO YOUR KNOWLEDGE, ARE ANY OF THE FOLLOWING AGENCIES PRESENTLY INVOLVED WITH THIS FAMILY? Public Health Mental Health Other School Districts Probation Ministry for Children & Families Other:

Authorization is granted for the Hospital/Homebound Teacher to work with the above-named student. Authorization is also granted for the release of information from any of the following agencies to Central Programs & Services: Public Health, Mental Health, Ministry for Children & Families, Probation, other School Districts, other Agencies. It is understood that authorization is hereby granted for the release of relevant information by Central Programs & Services to any of the above-mentioned agencies.

Parent/Guardian Signature Date

Central Programs Administrator Signature Hospital/Homebound Teacher Signature Date

HOSPITAL/HOMEBOUND PROGRAM

- The Hospital/Homebound Program is a short-term program (usually up to 3 months) designed to allow students to work at home on their core subjects and receive some teacher tutoring at home while they are ill.
- While on the Hospital/Homebound Program, the student remains registered at the home school and the student's program is still the responsibility of the school. The Hospital/Homebound teacher acts as a liaison between the home and the school and as a tutor to the student.
- The Hospital/Homebound Program provides a minimum of 1 home visit per week. The number of visits may vary, as the Hospital/Homebound teacher's workload increases or decreases at any given time.
- The Hospital/Homebound teacher will contact the student's teachers to request work, to return completed work and, in a timely manner, to inform teachers if the student is not completing any work.
- Each Hospital/Homebound student's situation will be reviewed monthly by the H/H teacher and the Central Programs vice-principal. Students will **not** be removed from the program without prior discussion with the referring school and the parents of the students.
- **Fax the Hospital/Homebound Referral & Consent Form to 250-870-5020**
- The Central Programs Hospital/Homebound teacher can also be contacted by phone or Outlook email at any time.
 - Danielle Friesen: **250-870-5120** ext. **4309**
 - Hospital Homebound Cell – 250-808-6193
 - Danielle.Friesen@sd23.bc.ca
- **When to refer to Hospital Homebound**
 - *Elementary/Middle-Secondary Linear System:* student absence will be more than 10 school days.
 - *Middle-Secondary Semester System:* student absence will be more than 5 school days.