



Blue Ridge Pediatrics

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School Excuse and Homebound Agreement

Background: Many children and teens have chronic illness that can result in pain, headache, or other difficult problems. Some of our patients also have mental health struggles. Often, these symptoms can worsen with school attendance and affect school performance. Children may refuse to go to school to avoid these feelings.

Our Philosophy: Because our patients have chronic and recurrent health conditions, we must equip them with coping skills to attend school even when they don't feel well. We believe in the importance of education, particularly for children with chronic medical illness. Schooling ultimately prepares children for the workplace and adulthood, and we believe that the strategies employed in childhood will be the strategies that they will use in their work and family life. For that reason, we make every effort to teach our patients grit and resilience.

School excuse policy

We provide written school excuses for full or partial school absence if they receive medical care within the health system on that date. If we treat the patient for migraines but there is not yet an effective rescue treatment, call to speak to our nurse on the day of headache and school absence for guidance.

We do not provide retro-active school absences.

Homebound

Intermittent and full-time homebound are programs that allow for limited catch-up education due to missed school for health reasons. In our view, this is the child version of receiving disability. There occasionally may be a role for intermittent or full-time homebound services, but this is uncommon.

Full-time homebound is only appropriate for short-term intervention. Homebound services do not provide sufficient education long-term. If a child requires homebound services, we expect the parent to pursue accommodations with the school through a 504 plan or IEP to allow the children to attend school regularly in the future.

Homebound Agreement and Guidelines:

1. Parent portion of homebound documentation must be completed and given to clinic in-person, by email or fax.
2. All treatment recommendations must be followed in a timely manner including scheduling follow up appointments and following through on referrals to psychological and rehabilitation therapists.
3. If your child was recommended to have a 504 plan or IEP, written documentation of the request (such as by email) along with the date of the request must be provided. We also require documentation of communication from the school including the date of the 504 meeting and any special needs or concerns that the school may have.
4. Signed release of information to allow for free communication between our clinic and the school if it is needed.
5. Frequency of visits: For full-time homebound, the patient must be seen in the office by a provider no less than every 4 weeks. For intermittent homebound, they must be seen no less than every 8 weeks.

By signing below, I (the parent/guardian) attest that the clinician reviewed this agreement with me and I agree to follow these guidelines. If I do not follow these guidelines, I agree that my clinician will not continue homebound status.

Parent/guardian name

Parent/guardian signature

Relationship to patient

Date