

Student Name _____

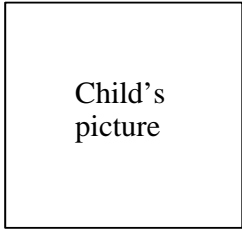


Oxford Community Schools General Medical Action Plan (MAP)

Student's Name _____

Date of birth _____ School _____

Age _____ Grade _____ School Year _____



Page two of this MAP is to be signed and dated by the treating physician or licensed health care provider & by a parent/guardian. **Without signatures this MAP is not valid. All medical supplies are to be provided by the family.**

CONTACT INFORMATION

	<u>Call First</u>	<u>Try Second</u>
Parent/	Name: _____	Name: _____
Guardian:	Relationship: _____	Relationship: _____
Phone:	Home: _____	Home: _____
	Cell: _____	Cell: _____
	Work: _____	Work: _____

Call Third (If a parent/guardian cannot be reached)

Name: _____	Relationship: _____
Address: _____	Phone: _____

DIAGNOSIS

SIGNS & SYMPTOMS

1.

2.

3.

Bus # Driver:

Route #

Medical File

Transportation Office Use ONLY if needed

IF SYMPTOMS OCCUR, DO THE FOLLOWING

ADDITIONAL NOTES / INSTRUCTIONS

If medication is to be used at school for the above condition, **Form A** "Permission for Prescribed Medication" will need to be completed, signed and dated by the physician/licensed prescriber AND a parent/guardian.

Physician name _____ **Phone** _____ **Fax** _____

(Or treating health care professional)

SIGNATURE _____ **Date** _____

I have received the attached information regarding Section 504 eligibility **YES NO**

I wish to be contacted regarding a 504 evaluation **YES NO**

I agree with this 2 page plan as written and for school staff to share this information with those that need to know. I understand that my child's name may appear on a list with other students having emergency needs. I give permission to use my child's picture on this plan (if I did not supply a photo) and for staff to contact the treating health care professional for clarification of this plan, if needed.

Parent/Guardian name _____

PARENT SIGNATURE _____ **Date** _____



Notice of Section 504 Procedural Safeguards

1. Have the District advise you of your rights under federal law;
2. Receive notice with respect to Section 504 identification, evaluation, educational program and/or placement of your child;
3. Have an evaluation, educational and placement decisions made for your child based upon information from a variety of sources and by a team of persons who are knowledgeable about the student, the meaning of evaluation data, and placement options;
4. Have your child receive a free appropriate public education, which is the provision of regular or special education and related aids and services that are designed to meet individual educational needs of your child as adequately as the needs of students without disabilities are met, if your child is Section 504 eligible;. If your child is Section 504 eligible, your child also has the right to have the District make reasonable accommodations to allow your child to an equal opportunity to participate in school and school-related activities;
5. Have your child be educated with non-disabled students to the maximum extent appropriate, if the child is Section 504 eligible;
6. Have your child take part in and receive benefits from the District's education programs without discrimination on the basis of disability;
7. Have your child educated in facilities and receive services comparable to those provided to non-disabled students;
8. Examine all relevant records of your child, including those relating to decisions about your child's Section 504 identification, evaluation, educational program, and placement; and obtain copies of those records at a reasonable cost, unless the fee would effectively deny you access to the records;
9. Receive a response from the District to reasonable requests for explanations and interpretations of your child's records;
10. Receive information in your native language and primary mode of communication;
11. Have a periodic re-evaluation of your child, including an evaluation before any significant change of placement;
12. Have your child given an equal opportunity to participate in nonacademic and extracurricular activities offered by the District;
13. Request and participate in an impartial due process hearing regarding the identification, evaluation, or placement of your child, including a right to be represented by counsel in that process and to appeal an adverse decision;
14. File a complaint in accordance with the District's grievance procedures or with the U.S. Department of Education, Office for Civil Rights.