



School Year: _____ - _____

MEDICAL FORM- ASTHMA CARE PLAN/MEDICAL 504

Place student's picture here

Name: _____		Birthdate: _____	
School: _____		Grade: _____	
Teacher: _____		Transportation: <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Drive	
<input type="checkbox"/> History of anaphylaxis/severe reaction		Medication Location: <input type="checkbox"/> Healthroom <input type="checkbox"/> Student possession at all times <input type="checkbox"/> Other location: _____	

HEALTH CARE PROVIDER to complete all items below, SIGN and DATE completed form.

Triggers: Weather (cold air, wind) Illness Exercise Smoke Dog/Cat Dust Pollen

Weather/Activity Concern: Remain inside during severe cold weather (temp below _____) During severe wind/dust

Allow student to set own pace May participate in group run, not exceeding _____ mile(s) Other _____

NO ASTHMA SYMPTOMS: Student can do usual activities. Avoid triggers. Asthma is well controlled. May need pre-exercise treatment.

PRETREATMENT FOR: PE Recess Sport Upon request. Explain (weather, viral, seasonal, other): _____

Give 2 puffs of quick relief med 10 -15 minutes before activity (Check One) Albuterol Xopenex Other: _____

Repeat if needed for additional or ongoing physical activity, every: 4 hours 2 hours Other: _____

- IF STUDENT IS EXPERIENCING ASTHMA SYMPTOMS -

➤ Follow the appropriate MILD/MODERATE or SEVERE box below.

➤ If there is no inhaler at the school: Call parent/guardian to pick up student and/or bring inhaler/medication to school. Inform them that if they cannot get to school, 911 may be called.

MILD/MODERATE ASTHMA SYMPTOMS:

IF YOU SEE THIS:	DO THIS:
<ul style="list-style-type: none"> Difficulty breathing Wheezing Frequent cough Complains of chest tightness Unable to tolerate regular activities but still talking in complete sentences Other: _____ 	<ol style="list-style-type: none"> Stop physical activity. GIVE QUICK RELIEF MED: _____ PUFFS Albuterol Xopenex Other: _____ Give now and as needed every _____ hours *Use with: spacer mask Stay with student and maintain sitting position. Student may resume normal activities once feeling better. If symptoms do not improve in 10-15 minutes notify parent and school nurse. * May repeat one dose of quick relief medication upon school nurse instruction. If symptoms continue, request parent to pick up the child. Stay with student. If symptoms worsen or become severe, follow SEVERE SYMPTOMS plan below.

SEVERE ASTHMA SYMPTOMS: EMERGENCY SITUATION – CALL 911

IF YOU SEE THIS:	DO THIS IMMEDIATELY:
<ul style="list-style-type: none"> Coughs constantly Struggles or gasps for breath Trouble talking (only speaks 3-5 words) Skin of chest and/or neck pull in with breathing Lips or fingernails are gray or blue ↓ Level of consciousness Other: _____ 	<ol style="list-style-type: none"> GIVE QUICK RELIEF MED: _____ PUFFS Albuterol Xopenex Other: _____ Give now and as needed every _____ hours *Use with: spacer mask Administer: Epinephrine 0.3 mg Epinephrine 0.15 mg Call 911. Call parents/guardians and school nurse. Encourage student to take slower deeper breaths. Stay with student and remain calm. <input type="checkbox"/> If symptoms do not improve, continue to give _____ puff(s) of quick relief medication every _____ minutes until EMS arrives.

SELF CARRY INSTRUCTIONS: CHECK APPROPRIATE BOX(ES)

- Student understands proper use of his/her asthma medication, and in my opinion, can carry and use the inhaler at school independently
- Student understands proper use, may self carry/administer, but must notify the school health room after using inhaler.

HEALTH CARE PROVIDER SIGNATURE
PHONE _____

PRINT PROVIDER'S NAME
FAX _____

DATE _____

School Year: _____ - _____

This section to be completed by the child's Parent/Guardian

EMERGENCY CONTACTS:

Mother/Guardian

Father/Guardian

Name:		Name:	
Home Phone:		Home Phone:	
Cell:	Work:	Cell:	Work:

ADDITIONAL EMERGENCY CONTACTS

1.	Relationship:	Phone:
2.	Relationship:	Phone:

FIELD TRIP PROCEDURES: Emergency rescue medication and health care plan must accompany student during any off campus activity.

- If student does not have the rescue medication on the day of the trip, he/she cannot attend.
- If a staff member or parent/guardian carries the medication on the field trip, the student should remain with the person carrying the medication.
- Any staff member carrying or administering medication must be trained by school nurse.
- Other (specify): _____

PARENT/GUARDIAN PERMISSION AND CONSENT FOR ASTHMA CARE PLAN/MEDICAL 504:

• I understand that a 504 meeting with the school nurse must occur. I request to have this meeting:

(please initial one) _____ via telephone OR _____ in person, at my child's school

[Office Use Only: Date of 504 Mtg ___/___/___]

- I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I consent for my child to be evaluated for a health care plan/medical 504 plan. I have received a copy of the Notice of Parent/Student Rights under Section 504 (Form 504-1). I agree with this health care plan/medical 504, consent for the placement outlined, and request designated school personnel to follow this plan as it is written. I understand that if I disagree with this plan, I have the right to request a hearing by filing a written request using the 504-7 form. I understand that this health care plan/medical 504, including the medical treatment/medication orders provided, must be renewed and reviewed annually. I understand that my child will be reevaluated every three years to determine if my child continues to qualify for a school health care plan/medical 504.
- I understand that if the provider has marked yes to weather concern accommodations, it is my responsibility to notify the school on a day when the weather restricts my child's ability to be outside.
- I understand that the school board or the school district's employees cannot be held responsible for negative outcomes resulting from self-administration of the inhaled asthma medication.
- Permission to possess and self-administer asthma medication may be revoked by the principal/school nurse if it is determined that the student is not safely and effectively self-administering the medication.
- I understand that if my child self-carries an inhaler/epipen, that it is recommended that I provide a back-up to be kept in the health room.
- I understand that if any changes are needed on the ECP, it is the parent's responsibility to contact the school nurse.
- I give health services staff permission to communicate with the LHCP's office about any medical treatment/medication orders that I provide to the school, in accordance with HIPPA/FERPA regulations. I understand that the school may share this care plan with emergency responders if student requires emergency services. school, in accordance with HIPPA/FERPA regulations.

Parent/Guardian Signature

Date

STUDENT AGREEMENT FOR SELF-CARRY AND/OR SELF ADMINISTRATION:

- I agree never to share my inhaler with another person or use it in an unsafe manner.
- I agree that if there is no improvement after self-administering, I will report to an adult at school if the nurse is not available or present.

Student Signature

Date

School Nurse Signature

Date

All school-aged students who use asthma medication(s) at school must have a current School Asthma Plan completed and signed by their health care professional and kept on file in the school office (RCW 28A.210.320.370). The form must also be signed by a parent/guardian. The plan must be updated each year and when there are major changes to the plan (such as in medication type or dose). The provider's office is encouraged to fax the plan to the student's school nurse.

COMPLETE this page only if your child will not require an inhaler or Asthma Care Plan/504 at school this year.

School Year: _____ - _____

**RICHLAND SCHOOL DISTRICT
TERMINATION OF SERVICES**

FORM 504-9

Student Name: _____ Date: _____

Birth Date: _____ School: _____ Grade: _____

Student Address: _____ City: _____ Zip: _____

Parent(s)/Guardian(s) Name(s): _____

Parent(s)/Guardian(s) Email Address(es): _____

In the space below, briefly describe the reason for terminating the student's Section 504 Plan and refer to the re-evaluation on which the decision is based:

I, the parent/guardian would like to inform my child's school that my child no longer has asthma symptoms. My child's licensed health care provider has indicated my child no longer requires an inhaler to be available at school and/or school functions (clubs, sports, field trips, etc). I request the school nurse to terminate my child's Asthma Care Plan/504. Should my student's condition change, I will contact the School Nurse.

Additional note: _____

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

Name and Title

Parent(s)/Guardian(s) statements:

- I received the Notice of Parent/Student Rights under Section 504 (Form 504-1).
- I understand that if I disagree with this decision, I have the right to ask for a due process hearing by filing a written request using the Request for a Hearing (Form 504-2).

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

**RICHLAND SCHOOL DISTRICT NOTICE OF PARENT/STUDENT RIGHTS
UNDER SECTION 504
(Form 504-1)**

The Rehabilitation Act of 1973 (“Act”), commonly referred to as “Section 504,” is a non-discrimination statute enacted by the United States Congress. The purpose of the Act is to prohibit discrimination and to assure that disabled students have educational opportunities and benefits equal to those provided to non-disabled students.

This is a notice of your rights under Section 504. This document is not intended to address the rights afforded under the Individuals with Disabilities Education Act (“IDEA”) that applies to students eligible for special education services. The Office of the Superintendent of Public Instruction’s (“OSPI”) Notice of Special Education Procedural Safeguards for Students and Their Families is available through the District’s Special Education Department and sets out the rights assured by the IDEA. It is the purpose of this notice to set out the rights assured by Section 504 to those disabled students who have a physical or mental impairment that substantially limits one or more major life activity who do not qualify under the IDEA.

Federal laws and regulations provide parent(s)/guardian(s) and students with the following rights:

1. You have the right to be informed by the District of your rights under Section 504 (the purpose of this notice is to advise you of those rights).
2. You have the right to have your child participate in and benefit from the District’s education program without discrimination based on disability.
3. You have the right to receive notice before the District takes any action regarding the identification, evaluation, and/or placement of your child.
4. Your child has a right to an evaluation prior to an initial Section 504 placement and any subsequent significant change in placement. You have the right to refuse consent for the initial evaluation and initial placement of your child.
5. You have the right to have your child receive a free appropriate public education (“FAPE”). This includes your child’s right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the District provide related aids and/or services to allow your child an equal opportunity to participate in school activities, educational, and/or related aids and services provided to your child without cost except for those fees imposed on the parent(s)/guardian(s) of non-disabled children.
6. Your child has a right to facilities, services, and/or activities that are comparable to those provided for non-disabled students.
7. You have the right to have evaluation, educational, and/or placement decisions for your child based upon information from a variety of sources, by a group of persons who know your child, your child’s evaluation data, and/or placement options.
8. You have the right to have your child be provided an equal opportunity to participate in non-academic and extracurricular activities offered by the District.

9. You have the right to examine your child's education records and obtain a copy of such records. You also have the right to receive a response to reasonable requests for explanations and interpretations of your child's education records.
10. You have the right to request the District to amend your child's education records if you believe that they are inaccurate, misleading, and/or otherwise in violation of the privacy rights of your child. If the District refuses this request, you have the right to challenge such refusal under the Family Educational Rights and Privacy Act ("FERPA").
11. You have the right to request mediation or an impartial hearing with respect to the District's actions regarding your child's identification, evaluation, and/or educational placement with opportunity for parental participation in the hearing and representation by an attorney.
12. If you wish to challenge the actions of the District in regard to your child's identification, evaluation, and/or education placement, you should file a written request for a hearing with Mike Hansen, Student Section 504 Program Coordinator, 615 Snow Ave, Richland, Washington 99352; email to: mike.hansen@rsd.edu using the Request for a Hearing (Form 504-2). A hearing will be scheduled before an impartial hearing officer and you will be notified in writing of the date, time, and place of the hearing.
13. If you disagree with the decision of the impartial hearing officer, you have a right to review that decision by a court of competent jurisdiction. If you prevail in a civil rights action against the District, you have the right to seek the payment of reasonable attorney's fees through the court.
14. You have the right to file a local grievance or complaint with the U.S. Department of Education's Office for Civil Rights or file a complaint in federal court. The address of the Regional Office that covers Richland:

U.S. Department of Education Office of Civil Rights
915 Second Avenue, Room 3310
Seattle, Washington 98174-1099
Phone: (206) 607-1600
Website: www.ed.gov/OCR
Email Address: OCR.seattle@ed.gov