

School Year: _____ - _____



MEDICAL FORM - SEVERE ALLERGY CARE PLAN/MEDICAL 504

Place student's picture here

Name:		Birthdate:	
School:		Grade:	
Teacher:			
Transportation:	Bus	Walk	Drive
Medication Location:	Healthroom	Student possession at all times	Other location:

LIFE THREATENING ALLERGY TO: _____

Does this student also have Asthma? No Yes (higher risk for severe reaction)

Medications/Doses: THIS BOX TO BE COMPLETED BY THE LICENSED MEDICAL PROVIDER:

Epinephrine: Epinephrine 0.3 mg Epinephrine 0.15 mg
 Antihistamine: Benadryl/Diphenhydramine 12.5mg/5ml _____tsp(s) or 25mg_____tab(s)
 OR _____
 Other: (e.g. inhaler/bronchodilator if asthmatic) Albuterol/Xopenex 2 puffs or _____

Student may may not keep medication on person and self-administer

ALLERGIC REACTION TREATMENT PROTOCOL:

If checked, give epinephrine immediately for any symptom if the allergen was likely eaten (or stung, if sting allergy)
 If checked, give epinephrine immediately if the student has definitely been exposed, even if there are no symptoms.
 If checked, follow the severe symptom v s. mild symptom protocol as described below:

For any SEVERE SYMPTOMS after a suspected or known ingestion (or sting, if sting allergy):

One or more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
 - HEART: Pale, blue, faint, weak pulse, dizzy, confused
 - THROAT: Tight, hoarse, trouble breathing/swallowing
 - MOUTH: Obstructive swelling (tongue and/or lips)
 - SKIN: Many hives over body
- Or combination** of symptoms from different body areas:
- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
 - GUT: Vomiting, diarrhea, crampy pain



- 1. INJECT EPINEPHRINE IMMEDIATELY**
Note time given: _____
- 2. Call 911**
- 3. Begin monitoring** (see box below)
- 4. Give additional ordered medication**
-Antihistamine
-Inhaler/bronchodilator for Asthma
- 5. Notify school nurse, parent/guardian**

FOR ONE MILD SYMPTOM ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face mild itch
- GUT: Mild nausea/discomfort



- 1. GIVE ANTIHISTAMINE**
- 2. Stay with student**
- 3. Notify school nurse**
- 4. Notify parent/guardian to pick up student**
- 5. If symptoms progress (see above box):**
USE EPINEPHRINE
- 6. Begin monitoring** (see box below)

MONITORING: Stay with student.

- *Tell emergency response that epinephrine was given: request an ambulance with epinephrine.
- *Note time when epinephrine was administered. A second dose can be given 5 minutes or more after the first if symptoms persist or reoccur.
- *For a severe reaction, consider keeping student lying on back with legs raised.
- *Treat student even if parents cannot be reached.

The severity of the reaction can change quickly. Past reactions do not predict future reactions

Health Care Provider signature

HCP printed name

PH#

Date

School Year: _____ - _____

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

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

- If student does not have the epinephrine on the day of the trip, he/she cannot attend.
- Student should remain with the teacher or parent/guardian during the entire field trip.
- Staff members on trip must be trained on epinephrine and student health care plan prior to field trip.
- Other (specify): _____

AFTER SCHOOL SPORTS/CLUBS/ACTIVITIES: If the student participates in after school clubs or activities, the parent is responsible for sharing any necessary health information with the activity leader. Parent may choose to provide a copy of this care plan. Discuss self-carry option with provider.

FOR FOOD ALLERGY ONLY:

CLASSROOM

Student is allowed to eat only the following foods:

Those in manufacturer's packaging with ingredients listed and determined allergen-safe by the parent/guardian.

Middle school or high school student will be making his/her own decision.

Alternative snacks will be provided by parent/guardian to be kept in the classroom.

Parent/guardian should be advised of any planned parties as early as possible.

Classroom projects should be reviewed by the teaching staff to avoid specified allergens.

Other (specify): _____

CAFETERIA

NO Restriction in seating arrangement.

Student requires specific seating arrangement: _____

- Cafeteria staff will be alerted to the student's allergy.
- Other: _____

PARENT/GUARDIAN Contact Information: (Update your school office when contact information changes)

Name: _____ H: _____ C: _____ W: _____

Name: _____ H: _____ C: _____ W: _____

EMERGENCY CONTACTS (if unable to reach parent/guardian)

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

PARENT/GUARDIAN PERMISSION AND CONSENT:

• 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 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.

• If medication is prescribed within this plan, the medication is to be furnished by me in the original container, and BROUGHT TO SCHOOL BY AN ADULT. Prescription medication must be labeled by the pharmacy with the name of the patient, health care provider, medication, dosage, and the time of day to be given. I understand medication may be administered by non-licensed trained designated staff members in accordance with state regulations and district policy. I understand that at the end of the school year, an adult must pick up any medication, otherwise it will be discarded.

Parent/Guardian Signature: _____ **Date:** _____

School Nurse Signature: _____ Date: _____

A copy of the this plan will be kept in the substitute folder and given to all staff members who work with the student.

**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