ROCHESTER COMMUNITY SCHOOLS
GENERAL Medical Action Plan (MAP)

Child's picture
Face only

Student's Name: _____ School: _____
Date of Birth: _____ Age: _____
Grade: _____Teacher**:** _____

This MAP is validated with signatures and dates, by both the treating physician/licensed health care provider & parent/guardian. Orders are required for medical interventions within this treatment plan. Expiration of this plan occurs at the end of the 2021-2022 school year.

Transportation Office Use ONLY if needed
Bus # _____ Driver: _____ Route # _____ Medical File _____

CONTACT INFORMATION

Call First:	Call Second:	Call Third:
Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Phone 1:	Phone 1:	Phone 1:
Phone 2:	Phone 2:	Phone 2:
Email:	Email:	Email:

Medical Diagnosis/Conditions:

Signs and Symptoms:

ACTIONS

IF THESE SYMPTOMS/CONDITIONS OCCUR:	**PERFORM THIS ACTION:**

EMERGENCY PROCEDURES

ADDITIONAL SAFETY INSTRUCTIONS

1. If medication is needed during school hours and/or school sponsored events, for the above medical condition(s), **the School Medication Administration Authorization form**, must to be completed for each individual medication used in this treatment plan. Physician/licensed health care provider orders are required for ALL prescription and non-prescription medications.

2. Please provide orders for any durable medical equipment needed and specific instructions for daily use:

Licensed Health Care Provider's Name: _____
Hospital and/or Clinic Name: _____
Street Address: _____
Suite: _____
City/State/Zip Code: _____
Phone Number: _____
Fax Number: _____

(Provider Stamp)

HEALTH CARE PROVIDER SIGNATURE: _____ Date: _____

I, (parent/guardian), _____ , request that my child, _____, receive the above described medical management at school, according to standard school policy, I authorize consent to the ordering licensed health care provider staff and school to share information, as needed, to clarify orders and to assist with my child's health care needs. I agree to have the information, in this two page plan, shared with individuals that need to know. I also, give permission to use my child's picture on this plan (if I did not supply a photo).

☐ YES ☐ NO I have read the attached information regarding section 504 eligibility
☐ YES ☐ NO I wish to be contacted regarding a 504 evaluation

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Rochester Community Schools
Section 504 – Procedural Safeguards

The following is a brief summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities. The intent of the law is to keep you fully informed about decisions concerning your child and to inform you of your rights in the event you disagree with any decisions concerning your child. Under Section 504, you have the right to:

1. Have the District advise you of your rights under federal law; The District must provide you with written notice of your rights under Section 504. If you need further explanation or clarification of any of the rights described in this notice, please contact the Building 504 Coordinator for the school that you or your child is attending.

2. Receive written notice with respect to Section 504 identification, evaluation, educational program and/or placement of your child;

3. Have the right to agree or disagree to the implementation of the District's proposed evaluation plan for your child or to its proposed Section 504 Plan for your child.

4. Have an evaluation and placement decision for your child based upon information from a variety of sources and which is made by a team of persons knowledgeable about the student, the meaning of evaluation data, and placement options;

5. Have your child receive a free appropriate public education, which includes the right to 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 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 information in your native language and primary mode of communication;

10. Have a periodic re-evaluation of your child to determine if there has been a change in educational need, including an evaluation before any significant change of placement. Generally, a re-evaluation will take place at least every three years;

11. Have your child given an equal opportunity to participate in nonacademic and extracurricular activities offered by the District;

12. Request and participate in an impartial due process hearing if you disagree with any District action with regard to the identification, evaluation, or placement of your child under Section 504. You have the right to participate personally at the hearing, have the right to be represented by counsel in that process, and to appear an adverse decision to a court of competent jurisdiction. If you wish to request an impartial due process hearing, you must submit a written Request for a Hearing to your Building 504 Coordinator;

13. File a complaint in accordance with the District's grievance procedures or with the U.S. Department of Education, Office of Civil Rights.