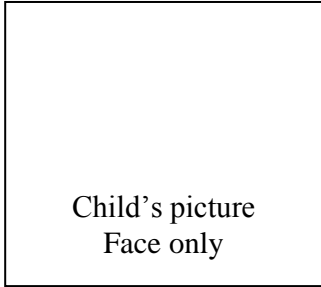


Student Name _____ Attachment A

**Rochester Community Schools
General Medical Action Plan (MAP)**



Student's Name _____
Date of birth _____ School _____
Age _____ Grade _____ Teacher _____

Page two of this MAP is to be signed and dated by both the treating physician/licensed health care provider & by a parent/guardian. Without both signatures this MAP is not valid. All medical supplies are to be provided by the family. If medication is needed for this Medical Action Plan, **Form A** (Permission for Prescribed Medication) must be completed for each individual medicine used in this treatment MAP.

CONTACT INFORMATION

	<u>Call First</u>	<u>Try Second</u>
Parent/ Guardian: Phone:	Name: _____ Relationship: _____ Home: _____ Cell: _____ Work: _____	Name: _____ Relationship: _____ Home: _____ Cell: _____ 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 agree with this 2 page plan as written and for school staff to share this information with those that need to know. 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.

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 name _____

SIGNATURE _____ **Date** _____

Rochester Community Schools

Section 504 Notice of Procedural Safeguards

The following is a summary description of the rights provided by Section 504 of the Rehabilitation Act of 1973 to students with disabilities, or suspected disabilities, as well as certain rights you have under other laws. These include the Individuals with Disabilities Education Act (IDEA) and the Family Education Rights and Privacy Act (FERPA). The intent of the law is to keep you informed about decisions concerning your child, to have you be an active participant in the educational planning for your child, and to inform you of your rights in the event you disagree with any decisions concerning your child's rights under Section 504.

You have the right to:

1. Have the Rochester Community Schools advise you of your rights under federal law;
2. Receive notice with respect to: a) Section 504 identification, evaluation, and/or eligibility determinations of your child; b) your procedural safeguards; c) your opportunity to examine relevant records with regard to your child; and d) your right to an impartial due process hearing, including the right to participate, and be represented by legal counsel, but at your own expense, as well as to request a review of the decision of an impartial hearing officer.
3. Have evaluation, educational programming, and placement decisions made based upon a variety of information sources, and by a team of persons who are knowledgeable about the student, the evaluation data, and placement options;
4. Examine education records related to your child, including those concerning the decisions regarding your child's Section 504 identification, evaluation, educational program, and placement;
5. Obtain copies of educational records at a reasonable cost, unless the fee would effectively deny you access to the records;
6. Receive a response from the Rochester Community Schools to reasonable requests for explanations and interpretations of your child's records;
7. Request an amendment of your child's educational records if there is reasonable cause to believe that they are inaccurate, misleading, or otherwise in violation of the privacy rights of your child. If the Rochester Community Schools refuses this request for amendment, the School District will notify you within a reasonable time and advise you of your right to an impartial hearing;
8. Have your child receive a free appropriate public education, including related services, if he/she is found to be a qualified student with a disability. The services will be without cost to you or your child, except for those fees that are imposed on non-disabled students or their parents or guardians.
9. Have your child take part in, and receive benefits from, the School District's education programs without discrimination because of his/her disabling condition(s);
10. Have your child be educated with non-disabled students to the maximum extent appropriate. This includes the right to have the Rochester Community Schools make reasonable accommodations to allow your child an equal opportunity to participate in school and school related activities;
11. Have your child educated in facilities and receive services comparable to those provided non-disabled students;
12. Have transportation provided to and from an alternative placement setting at no greater cost to you than would be incurred if the student were placed in a program operated by the Rochester Community Schools;
13. Have your child be given an equal opportunity to participate in nonacademic and extracurricular activities offered by the Rochester Community Schools;
14. Request an impartial due process hearing regarding the Section 504 identification, evaluation, eligibility, placement or provision of a Free Appropriate Public Education ("FAPE") for your child.
15. File a complaint in accordance with the Rochester Community Schools' Section 504 grievance procedure.