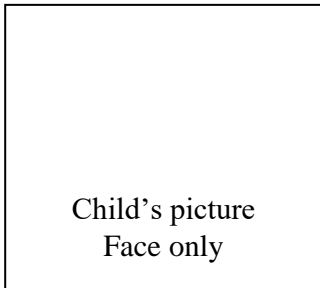


Student Name _____ Attachment A

**Madison District Public 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/	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 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 _____

NOTICE OF SECTION 504 PROCEDURAL SAFEGUARDS

FORM C

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, and some related rights provided by Title VI of the Civil Rights Act of 1964 and the Family Educational Rights and Privacy Act. 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. You have the right to:

1. have the District advise you of your rights under federal law;
2. receive notice with respect to Section 504 identification, evaluation, and/or placement of your child
3. 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;
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 the child is Section 504 eligible;
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 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, including an evaluation before any significant change of placement;
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 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;
13. file a complaint in accordance with the District's grievance procedures or with the U.S. Department of Education, Office for Civil Rights.