



## Section 504 EEOP Health Care Attachment

**Student Name** \_\_\_\_\_ **School** \_\_\_\_\_

**Major Bodily Function** (Health/Medical Condition) \_\_\_\_\_

Evaluation Information (Check blocks that apply; include documents for checked items in student 504 folder)

- Physician's report     Nurse     Teacher report     Home and health history
- Discharge summaries     Previous plan     Parent information     Other

List symptoms associated with the health/medical condition:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Accommodation/Procedure**  
(If needed attach another page)

**Responsible Individual**  
(Nurse, teacher or student)

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**Check all applicable** (Attach additional documentation)

- Identify immediate responders
- Protocol training
- Special field trip instructions

- Substitute teacher plan
- Emergency contact plan
- Other \_\_\_\_\_

<b>Team Signatures/Titles</b>	<b>Date</b>	<b>Area(s) of Expertise</b>
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

***I participated in the development of this accommodation plan, give consent for its implementation and have a received a copy of the Notice of Parents Rights.***

\_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Parent Signature Date

**Please outline and estimate the staffing and/or financial resources you are requesting.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send a copy of this completed form to the District 504 Director**

District Director \_\_\_\_\_ /\_\_\_\_/\_\_\_\_

Original: 504 Folder

Copy: Parent

Attachment: Notice of Parents Rights