

Section 504 Plan (sample)

This sample Section 504 Plan was created by Beyond Type 1. As a sample, this 504 Plan lists a broad range of common accommodations that might be needed by a child with T1 diabetes. This plan must be modified to meet the individual needs, abilities, and medical condition of each student with T1 diabetes. Other accommodations that are not been included in this sample may be needed to meet the individual needs of a student with T1 diabetes.

Special thanks to the American Diabetes Association, the Disability Rights Education and Defense Fund, and T-1 Today for their work in creating a variety of sample 504s, which inspired this sample document.

Section 504 Plan

Personal Information Overview

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**504 Plan Objectives**

Diabetes can cause blood glucose (sugar) levels to be too high or too low, both of which can impact a student’s ability to learn, while also seriously endangering the student’s health. The goal of this plan is to provide information about the services needed to maintain blood glucose within this student’s target range, and to respond appropriately to levels outside of this range in accordance with the instructions provided by the student’s personal health care team.

**Definitions Used In This Plan**

* *Diabetes Medical Management Plan (DMMP):* A plan that describes the diabetes care regimen and identifies the health care needs of a student with diabetes. This plan is developed and approved by the student’s personal health care team and family.
* *Quick Reference Emergency Plan (QREP):* A plan that provides school personnel with essential information on how to recognize and treat hypoglycemia and hyperglycemia.
* *Trained Diabetes Personnel (TDP):* Non-medical school personnel who have been identified by the school nurse, school administrator, and/or parent as having received basic diabetes information, with training coordinated by a medical professional in diabetes care including the performance of blood glucose monitoring, insulin and glucagon administration, recognition and treatment of hypoglycemia and hyperglycemia, and performance of ketone checks.

**1. Provision of Diabetes Care**

* 1. At least \_\_\_\_ staff members will receive training to be Trained Diabetes Personnel (TDP), and either a school nurse or TDP will be available at the site where the student is at all times during school hours, during extracurricular activities, and on school sponsored field trips to provide diabetes care in accordance with this Plan and as directed in the DMMP, including performing or overseeing administration of insulin or other diabetes medications (which, for pump users includes programming and troubleshooting the student’s insulin pump), blood glucose monitoring, ketone checks, and responding to hyperglycemia and hypoglycemia including administering glucagon.
	2. Any staff member who is not a TDP and who has primary care for the student at any time during school hours, extracurricular activities, or during field trips shall receive training that will include a general overview of diabetes and typical health care needs of a student with diabetes, recognition of high and low blood glucose levels, and how and when to immediately contact either a school nurse or a TDP.
	3. Any bus driver who transports the student must be informed of symptoms of high or low blood glucose levels and provided with a copy the student’s Quick Reference Emergency Plan and be prepared to act in accordance with that Plan.

1. **Trained Diabetes Personnel**

2.1 These school staff members will be trained as TDPs by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date):

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

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1. **Student’s Level of Self-Care & Location of Necessary Equipment**

3.1 As stated in the attached DMMP,

1. The student is able to perform the following diabetes care tasks without help or supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the student will be permitted to provide this self-care at any time and in any location at the school, at field trips, at sites of extracurricular activities, and on school buses.

1. The student needs assistance or supervision with the following diabetes health care tasks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. The student needs a school nurse or TDP to perform the following diabetes care tasks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3.2 The student will be permitted to carry the following diabetes supplies and equipment with him/her at all times and in all locations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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3.3 Diabetes supplies and equipment that are not kept on the student and additional supplies and will be kept at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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3.4 Parent is responsible for providing diabetes supplies and food to meet the needs of the student as prescribed in the attached DMMP.

**4. Snacks and Meals**

* 1. The school nurse or a TDP, if school nurse is not available, will work with the student and his/her parents/guardians to coordinate a meal and snack schedule in accordance with the attached DMMP that will coincide with the schedule of classmates to the closest extent possible. The student shall eat lunch at the same time each day, or at an earlier time as needed due to hypoglycemia. The student shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to the student.
	2. The attached DMMP sets out the regular time(s) for snacks, what constitutes a snack, and when the student should have additional snacks. The student will be permitted to eat a snack no matter where the student is, or what is going on at that time.
	3. The parent/guardian will supply snacks needed in addition to or instead of any snacks supplied to all students.
	4. The parent/guardian will provide carbohydrate content information for snacks and meals brought from home.
	5. The school nurse or TDP will ensure that the student takes snacks and meals at the specified time(s) each day.
	6. Adjustments to snack and meal times will be permitted in response to changes in schedule upon request of parent/guardian.
1. **Exercise and Physical Activity**
	1. The student shall be permitted to participate fully in physical education classes and team sports except as set out in the student’s attached DMMP.
	2. Physical education instructors and sports coaches must have a copy of the emergency action plan and be able to recognize and assist with the treatment of low blood glucose levels.
	3. Responsible school staff members will make sure that the student’s blood glucose meter, a quick-acting source of glucose, and water is always available at the site of physical education class and team sports practices and games.

1. **Water and Bathroom Access**
	1. The student shall be permitted to have immediate access to water by keeping a water bottle in the student’s possession and at the student’s desk, and by permitting the student to use the drinking fountain without restriction.
	2. The student shall be permitted to use the bathroom without restriction.

 **7. Checking Blood Glucose Levels, Insulin, and Medication; Administration and Treating of High or Low Blood Glucose Levels**

* 1. The student’s level of self care is set out in section 3 above, including which tasks the student can do by himself/herself and which must be done with the assistance of, or wholly by either a school nurse or a TDP.
	2. Blood glucose monitoring will be done at the times designated in the student’s attached DMMP, whenever the student feels her/his blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed.
	3. Insulin and/or other diabetes medication will be administered at the times and through the means (e.g., syringe, pen or pump) designated in the student’s attached DMMP for both scheduled doses and doses needed to correct for high blood glucose levels.
	4. The student shall be provided with privacy for blood glucose monitoring and insulin administration if the student desires such privacy. Requests for privacy, or lack thereof, may vary day-by-day, but the student shall always be granted a request for privacy to monitor blood glucose.
	5. The student’s usual symptoms of high and low blood glucose levels and how to respond to these levels are set out in the attached DMMP.
	6. When the student asks for assistance or any staff member believes the student is showing signs of high or low blood glucose levels, the staff member will immediately seek assistance from the school nurse or TDP while making sure an adult stays with the student at all times.
	7. The student will never be sent alone anywhere should they have actual (or suspected) high or low blood glucose levels, including sent to the nurse or TDP.
	8. Any staff member who finds the student unconscious will immediately contact the school office. The office will immediately do the following, in the order listed:
1. Contact the school nurse or TDP (if the school nurse is not on site or immediately available) who will confirm the blood glucose level with a monitor and immediately administer glucagon (glucagon should be administered if no monitor is available);
2. Call 911 (office staff will do this without waiting for the school nurse or TDP to administer glucagon); and
3. Contact the student’s parent/guardian and physician at the emergency numbers provided in this document and attached DMMP.
	1. School staff, including physical education instructors and coaches, will provide a safe location for the storage of the student’s insulin pump if the student chooses not to wear it during physical, or any, activity.

**8. Field Trips and Extracurricular Activities**

8.1 The student will be permitted to participate in all school-sponsored field trips and extracurricular activities (such as sports, clubs, and enrichment programs) without restriction and with all of the accommodations and modifications, including necessary supervision by identified school personnel, set out in this document. The student’s parent/guardian will not be required to accompany the student on field trips or any other school activity.

8.2 The school nurse or TDP will be available on site at all school-sponsored field trips and extracurricular activities, will provide all usual aspects of diabetes care (including, but not limited to, blood glucose monitoring, responding to hyperglycemia and hypoglycemia, providing snacks and access to water and the bathroom, and administering insulin and glucagon), and will make sure that the student’s diabetes supplies travel with the student.

**9. Tests and Classroom Work**

9.1 If the student is affected by high or low blood glucose levels at the time of regular testing, the student will be permitted to take the test at another time without penalty.

9.2 If the student needs to take breaks to use the water fountain or bathroom, check blood glucose, or to treat hypoglycemia or hyperglycemia during a test or other activity, the student will be given extra time to finish the test or other activity without penalty.

9.3 The student shall be given instruction to help him/her make up any classroom instruction missed due to medical care without penalty.

9.4 The student shall not be penalized for absences required for medical appointments and/or for diabetes-related illness. The parent will provide documentation from the treating health care professional as otherwise required by school policy.

**10. Communication**

10.1 The school nurse, TDP, and other staff will keep the student’s diabetes confidential, except to the extent that the student decides to openly communicate about it.

10.2 Encouragement is essential. The student shall be treated in a way that encourages the student to eat snacks on time, and to progress toward self-care.

10.3 The teacher, school nurse, or TDP will provide reasonable notice to parent/guardian when there will be a change in planned activities such as exercise, playground time, field trips, parties, or lunch schedule, so that the lunch, snack plan, and insulin dosage can be adjusted accordingly.

10.4 Each substitute teacher and substitute school nurse will be provided with written instructions regarding the student’s diabetes care and a list of all school nurses and TDP at the school.

**11. Emergency Evacuation/Shelter Protocol**

11.1 In the event of an emergency evacuation or a shelter-in-place situation, the student’s 504 Plan and DMMP will remain in full force and effect.

11.2 The school nurse or TDP will provide diabetes care to the student as outlined by this document and the student’s attached DMMP, will be responsible for transporting the student’s diabetes supplies and equipment, will attempt to establish contact with the student’s parents/guardians and provide updates, and will receive information from parents/guardians regarding the student’s diabetes care.

**12. Parental Notification**

#### 12.1 The school will notify the parents/guardians immediately upon the below occurring:

* Symptoms of severe low blood sugar such as continuous crying, extreme tiredness, seizure, or loss of consciousness occur
* The student’s blood glucose test results are below \_\_\_\_\_\_\_\_\_\_\_\_\_\_ or are below \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_15 minutes after consuming juice or glucose tablets.
* Symptoms of severe high blood sugar such as frequent urination, presence of ketones, vomiting or blood glucose level above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* The student refuses to eat or take insulin injection or bolus
* Any injury
* Insulin pump malfunctions cannot be remedied

# Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 12.2 Should the school need to reach parents/guardians in an emergency situation, the school will begin by attempting to contact parents. If the school is unable to reach the parent/guardian, the school will call the other emergency contacts followed by the health care providers listed in Section 13.

**13. Emergency Contact Information**

13.1 Parent/Guardian Contact

* Parent/Guardian #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian #1 Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian #1 Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian #1 Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian #2 Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian #2 Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent/Guardian #2 Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13.2 Other Emergency Contacts

* Other #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other #1 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other #1 Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other #1 Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other #1 Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other #2 Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other #2 Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other #2 Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other #2 Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13.3 Other Emergency Contacts

* Health Care Provider #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Health Care Provider #1 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Health Care Provider #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Health Care Provider #2 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14. Document Modification**

14.1 This document shall be modified annually at the start of the school year, or at any other time as needed.

Signatures

Signature 1:

504 Plan (Personal Information and Sections 1-15), approved and provided by:

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature 2:

504 Plan (Personal Information and Sections 1-15), approved and received by:

School Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator’s Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature 3:

504 Plan (Personal Information and Sections 1-15), approved and received by:

School Nurse’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_