

# Orleans Parish School Board

## Section 504 Checklist for Students with Medical Disabilities

Student: \_\_\_\_\_

DOB: \_\_\_\_\_

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

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

Yes	No	NA	<b>Disabling condition that affects major life activity</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This student has a potentially life threatening medical condition. _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The life system of _____ is affected which creates eligibility for Section 504 protection.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The onset of the reaction (anaphylactic shock, hypoglycemia, hyperglycemia) can be sudden and fatal within minutes/hours.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The reaction must be treated immediately.

Yes	No	NA	<b>Evaluation criteria (basis for determining the disability)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation from Physician re: Medical Diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Yes	No	NA	<b>Impact of Disability</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restricted opportunity to participate in the educational program due to a potentially life threatening condition. (Must be documented by physician.)

### NECESSARY ACCOMMODATIONS (check all that apply)

Yes	No	NA	<b>1. Emergency Action</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed Individualized Health Care Plan – Emergency Plan Attached
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doctor’s orders for medication/treatments on file
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication/Equipment at school
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency “kit” (medication, IHP, and Dr’s orders) Location: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Health Care Information for Substitute teacher(s) given to _____ for placement in sub folder.
Yes	No	NA	<b>2. Staff Training</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff training (nurse) Date: _____ by: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency medication training for administration of _____ (by nurse) Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review with staff working closely with student (by nurse) Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
Yes	No	NA	<b>3. Classroom Management of Medical Condition</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teacher recommendations given to teacher.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teacher(s) will contact parent(s) regarding school projects involving food/allergen.

Student: \_\_\_\_\_

DOB: \_\_\_\_\_

Yes	No	NA	<b>4. Snacks/Parties/Treats/Cafeteria (In the case of special diets)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The student will only consume food considered safe by the food allergic student's parent(s).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent(s) will provide a supply of safe snack/party foods to be kept on hand at school for their child.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The snacks will be stored by the teacher.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent(s) and teacher(s) will be encouraged to communicate openly.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Note: OCR maintains that districts are not required to supply snacks for students with diabetes, but time must be given for student to obtain snack.

Yes	No	NA	<b>5. Field Trip</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent(s) will be notified of all field trips.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parents(s) requests to accompany class on all field trips.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Person trained in medication administration will take "emergency kit" and cell phone on field trips.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Yes	No	NA	<b>6. Bus Transportation</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student rides the bus and transportation department has copy of IHP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialized training for bus drivers needed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Yes	No	NA	<b>7. Fire/Emergency drill procedures</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In the event of a fire drill or fire, _____ will take the "emergency kit" outdoors.

Yes	No	NA	<b>8. Student currently participates in _____ School's after school activity(s) and program(s): _____</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IHP will be distributed to the above indicated activities/programs by nurse.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training is needed for the staff and will be provided by nurse.

**PARENT(S) ARE RESPONSIBLE FOR ALERTING ANY SPECIAL ACTIVITIES OR PROGRAMS THAT THE STUDENT MAY PARTICIPATE IN (e.g., sports, clubs, trips).**

Yes	No	NA	<b>9. Other</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When moving to a new school, PARENT(s) are responsible for providing school copies of all needed information. Parent(s) should keep a copy of all key forms for their records.

Yes	No	NA	<b>10. Emergency Contact Instructions</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Call the student's home. If unable to reach parent/guardian: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Call the student's parent/guardian's cell or work phone. If unable to reach parent/guardian _____

Student: \_\_\_\_\_

DOB: \_\_\_\_\_

**a. Call the other emergency contacts listed below:**

\_\_\_\_\_  
Parent/Guardian's Name Home Phone Number

\_\_\_\_\_  
Work Phone Number Cell Phone Number

\_\_\_\_\_  
Parent/Guardian's Name Home Phone Number

\_\_\_\_\_  
Work Phone Number Cell Phone Number

**b. Other Emergency Contacts:**

\_\_\_\_\_  
Name Home Phone Number

\_\_\_\_\_  
Work Phone Number Cell Phone Number

\_\_\_\_\_  
Name Home Phone Number

\_\_\_\_\_  
Work Phone Number Cell Phone Number

**Student's Physician(s):**

\_\_\_\_\_  
Name Phone Number

**Signatures:**

\_\_\_\_\_  
Section 504 Chairperson

\_\_\_\_\_  
Nurse

\_\_\_\_\_  
Parent(s)

\_\_\_\_\_  
Teacher(s)

\_\_\_\_\_  
Principal