ARLINGTON Public Schools

To complete this form electronically, it must be opened in *Adobe Reader*!

Reset Form

Individual Care and 504 Plan

School year _____

Student legal last name _____ First name _____ MI _____

Birth date _____ School _____ Grade _____ Other ID# _____

Transportation: ☐ Walker ☐ Self Transported ☐ Bus Rider Bus/Route Number _____

Parent/Guardian Information

Parent/Guardian _____ Primary phone _____

Work phone _____ Cell phone _____

Parent/Guardian _____ Primary phone _____

Work phone _____ Cell phone _____

Physician and Hospital Information

Physician Name _____ Phone _____

Hospital Name _____ Phone _____

Medical Information

Current Medications

History

Allergies

Special Precautions

Emergency Intervention

Moderate Symptoms

Immediate Response

Emergency Intervention (cont.)

Severe Symptoms	Immediate Response
	Call 911 Notify Parent/Guardian Notify School Nurse Notify School Principal **Do not leave the student unattended**

Classroom Accommodations - Modifications
Report concerns to parent/guardian for physician follow-up

504 Consent

☐ I DO ACCEPT this accommodation plan. I am aware that there will be an annual review of plan and periodic evaluations (at least every three (3) years). I have received a copy of Section 504 Parent/Student Rights in Identification, Evaluation, and Placement.

☐ I DO NOT ACCEPT this accommodation plan. I am aware that there will be an annual review of plan and periodic evaluations (at least every three (3) years). I have received a copy of Section 504 Parent/Student Rights in Identification, Evaluation, and Placement.

Emergency Contacts

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Parent/Guardian Signature _____ ***Original signature required! Please print and sign.**** *(This notation will not print.)* Date _____

School Nurse Signature _____ ***Original signature required! Please print and sign.**** *(This notation will not print.)* Date _____

Physician Signature _____ ***Original signature required! Please print and sign.**** *(This notation will not print.)* Date _____

A copy of this plan will be kept in the school office and copies will be given to:

☐ Para educator ☐ Transportation ☐ Teacher ☐ PE Teacher ☐ Student Services ☐ Health Room ☐ Secretary-Principal

Other _____

CONFIDENTIAL INFORMATION/SHRED PRIOR TO DISCARDING