



**Guidelines For the Provision of Health Services and/or Section 504 Accommodations For Students in
New York City Public Schools
2009-2010**

To All Parents, Physicians, and Health Care Providers:

The New York City Department of Education and the New York City Department of Health and Mental Hygiene's Office of School Health work collaboratively to make certain that all students with special needs are provided services to ensure their full participation in the educational setting. To this end, parents and providers must use the enclosed forms for all requests for in school direct health services and/or accommodations under Section 504 of the Rehabilitation Act of 1973. **These forms must be returned to the child's school for processing.** A new request and authorization form will be required for each school year if the child continues to require the requested services in school. The following guidelines should be followed in order to facilitate the review of the completed forms and to provide clinically appropriate services:

- The physician/health care provider completing the form should be the one who will be actively managing the condition for which services are requested.
- A valid New York State, New Jersey or Connecticut license number must be provided. If a physician-in-training without a license number completes the form, it must be counter-signed by a supervisor (e.g., attending physician) and include the supervisor's license number.
- The order should be specific, legible and clearly written so that it is completely understandable to the nurse and can be carried out in a clinically responsible way.
- Only those services that must be performed during school hours should be requested, (e.g., if medication can be given at home before or after school hours, it should not be requested in school).
- Homeopathic medications will not be administered.
- Please note that medication is typically stored in a locked cabinet in a designated room (i.e., medical room) unless the student is authorized by you to carry medication in school.
- Parents, physicians, school staff and students must work together to encourage each child to be as self-sufficient as possible. If the child is able to self-administer the medication, the parent should initial the appropriate area on the back of the medication form. Most students at the intermediate and high school level should be self-directed in taking medications, (i.e., identify the following: that the medication is the correct one; what the medication is for; that the correct dosage or amount is being administered; when the medication is needed during the school day; describe what will happen if it is not taken). Those students are then permitted to carry and self-administer only those medications that are necessary during the school day without supervision; however, **students are never permitted to carry controlled substances.**

Parents, remember to attach a small photograph of your child to the upper left corner of the Medication Administration Form (MAF) for proper identification.

There are four types of request and authorization forms:

- Medication Administration Form (MAF) - should be completed only for requests involving administration of medication for students. For cases of asthma, providers may attach an Asthma Action Plan with the MAF. Use of nebulizers on school trips can be cumbersome, please consider prescribing inhaler and spacer whenever possible.
- Provision of Medically Prescribed Treatment (Non-Medication) - should be completed when requesting special procedures such as bladder catheterization, postural drainage, tracheal suctioning, gastrostomy tube feeding, etc. This form may be used for all skilled nursing treatments.
- Diabetes Medication Administration Form: should be completed for students with Diabetes who require any of the following: glucose monitoring, insulin and/or glucagon administration.
- Request for Section 504 Accommodation(s) - should be used when requesting special services such as a barrier-free building, elevator use, testing modification, etc. This form should **NOT** be used for Related Services such as occupational therapy, physical therapy, speech and language therapy, counseling, etc. which is properly addressed and provided by a student's Individualized Education Program (IEP).

Please contact the student's school if you have any questions. Thank you for your assistance.