

**Health Services Prior Notice and/or Action/Consent For:
Individual Health Plan/Emergency Care Plan/504
Documentation of Due Process**

Purpose: As a parent/guardian of a student needing an Individual Health Plan (IHP), Emergency Care Plan (ECP), or 504 Plan, the school district is required to provide you with prior written notice whenever it proposes or refuses to initiate these services for your child. The notice should be given to you in a reasonable amount of time before the district takes action. By signing the IHP/ECP/504 for your child, you are giving your consent. You will be provided with appropriate Parental Rights regarding this accommodation. Please review these rights and consult with your school nurse if you have questions.

To: _____

Date: _____

Re: Student's Name: _____ **Date of Birth:** _____

The purpose of this prior written notice is to inform you and receive your consent to take the following action:

- Evaluate your child for eligibility under Section 504
- Initiate and implement the attached 504 plan/Individual Health Plan/Emergency Care Plan
- Not initiate a 504 plan because your child is ineligible
- Implement a change to your child's 504 plan
- Re-evaluate your child for eligibility under Section 504
- Terminate your child's 504 plan
- Other: _____

The reason we are proposing to take this action:

A description of each procedure, test, record, or report we used or plan to use as the basis for taking this action is as follows: health history, relevant information from Health Care Provider/parent/student as appropriate, medication orders.

Other information or documents:

Any other factors that are relevant to this action: Parent input; student's academic schedule.

Other:

The action will be initiated on: _____

Rights explained and provided to parents. *Your child has procedural protections under IDEA.

Parent/Guardian Signature

Date

School Nurse Signature

Date