NYC | Department of Health and Mental Hygiene | Department of Education

Office of School Health

RE NAME OF STUDENT: _____

DOB: _____

CLASS: _____

SCHOOL/ATSDBN: _____

Dear Parent or Guardian:

During the _____ School Year, your child received health services (e.g., medicines) or accommodations under Section 504 of the Rehabilitation Act. The NYC Department of Education requires a new approval for services **each school year**. The new approval confirms that your child still needs services in school. It also makes sure your child receives appropriate services. Updated forms tell the school nurse if your health care practitioner has made any changes in the past year to your child's medicine, or treatment. The school nurse needs this information to properly treat your child.

Many parents schedule their children's annual and camp physical exams at this time of year. We encourage you to also prepare for the upcoming school year. At your child's next visit, ask your child's health practitioner to complete the relevant attached accommodation forms. Attach a small current photo to the upper left corner of the medication form. This helps the school properly identify your child.

If it is before the last day of school, bring the forms to your child's school nurse. During the summer, mail the forms to:

Check one: ☐ MAF ☐ DMAF

ADDRESS FOR FORMS PROCESSING:

Name (of Bldg): _____

Street: _____

_____

City: _____ State: _____

Submit completed forms by July 15, _____ (Current Year). This ensures that your child will receive approved services at the start of the new school year

Sincerely,

School Nurse

Last revised 1/31/1

Accessibility Report

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