

**GUIDELINES FOR HEALTH SERVICES AND  
SECTION 504 ACCOMMODATIONS  
FOR STUDENTS IN NEW YORK CITY PUBLIC SCHOOLS  
SCHOOL YEAR 2024-2025**

**To All Parents and Health Care Practitioners:**

The NYC Department of Education (DOE) and the Office of School Health (OSH) work together to provide health services to students with special health needs. If your child needs health services or medical accommodations pursuant to an IEP or Section 504 of the Rehabilitation Act of 1973, complete the applicable form(s) in this packet. The OSH **requires** updated medication administration and/or prescribed treatment forms each school year.

These forms are available for health care practitioners to complete if needed for your child. Please make sure that all forms are signed where requested:

1. **Medication Administration Forms (MAFs)** – This form is completed by your child’s health care practitioner to receive medicine or treatment at school.
  - **There are five separate MAFs: asthma; allergies; diabetes; seizures; and general.**
  - Please submit completed forms to the school nurse/school-based health center.
2. **Medically Prescribed Treatment (Non-Medication) Form** – This form is completed by your child’s health care practitioner to request special procedures such as tube feeding, catheterization, suctioning, etc. to be performed at school. This form may be used for all skilled nursing treatments.
  - Please submit completed forms to the school nurse/school-based health center.
3. **Request for Section 504 and/or Medical Accommodation(s)** – Complete these forms to request **new or modified** health services (along with the MAF or Medically Prescribed Treatment Form) or accommodations such as elevator use, testing accommodations, and paraprofessional services.
  - Do **NOT** use these forms to request related services such as occupational therapy, physical therapy, speech and language therapy, or counseling.
  - There are three forms that must be completed:
    - Parent Request for 504 Accommodations (not required for students with IEPs);
    - Authorization for Release of Health Information pursuant to HIPAA; and
    - **Medical Accommodations Request Form (MARF)** completed by the child’s health care practitioner. This form should be completed for **all** students requiring accommodations.
  - Please submit completed forms to your school’s 504 Coordinator or IEP Team, as appropriate

**Parents:**

- Please have your child’s health care practitioner complete the forms that are needed for your child (such as the MAF and/or Medically Prescribed Treatment Form).
- MAFs and Treatment Forms must be completed annually **and should be submitted to your school nurse/school-based health center by June 1, 2024 for the new school year. Forms received after this date may delay processing.**
- For students with IEPs:
  - The Medical Accommodations Request Form must be completed when a change in service may be needed.
  - **Forms requiring review by the IEP team must be submitted at least one month prior to your child’s IEP meeting.**
- Stock medications (Albuterol, Flovent, and Epinephrine) are for use by OSH staff in school only, and still require a completed MAF. You must send your child’s epinephrine, asthma inhaler, and other approved self-administered medicines with your child on a school trip day and/or school-sponsored after-school programs.
- **Please make sure you sign the back of any MAFs and Treatment Forms, giving consent for your child to receive these services.**
- **Attach a small current photo to the upper left corner of the MAF.**

Please reach out to your child’s school nurse, IEP team (if applicable) and/or the school 504 Coordinator if you have any questions.

**Health Care Practitioners: please see back of page.**

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**Health Care Practitioner Instructions for Completion of the Medical Accommodations Request Form**

Please follow these guidelines when completing the forms:

- Your patient may be treated by several health care practitioners. The health care practitioner completing the form should be the one treating the condition for which services are requested.
- This form must be completed by the student's licensed health care practitioner (MD, DO, NP, PA) who has treated the student and can provide clinical information concerning the medical diagnoses outlined as the basis for this request. Forms cannot be completed by the parent/guardian. Forms cannot be completed by a resident.

All requests for accommodations are based on medical necessity. Please ensure that your answers are complete and accurate. **All requests for medical accommodations will be reviewed by the Office of School Health (OSH) clinical staff, who will contact you if additional clarification is needed.**

- There is a school nurse present in most DOE schools. Requests for 1:1 nursing will be reviewed on a case-by-case basis.
- Please clearly type or print all information on this form. **Illegible, incomplete, unsigned or undated forms cannot be processed and will be returned to the student's parent or guardian.**
- Provide the full name and current diagnoses of clinical relevance for the student.
- Describe the impact of the diagnoses/symptoms, medical issues, and/or behavioral issues that may affect the student during school hours or transport, including limitations and/or interventions required.
- Include any documentation and test results for any specialty services or referrals relevant to the accommodations requested.
- **Only request services that are needed during school hours or other school-sponsored programs and activities.** Do not request medicine that can be given at home, before or after school hours.
- If a student requires medications or procedures to be performed, please complete and submit all relevant Medication Administration Forms (MAFs) and/or a Request for Medically Prescribed Treatment. The orders should be specific and clearly written. This allows the school nurse to carry it out in a clinically responsible way.
- Requests for alternative medicines will be reviewed on a case-by-case basis.
- Clearly print your name and include the valid New York State, New Jersey, or Connecticut license and NPI number.
- On the Medical Accommodations Request Form:
  - Please list the days and times that are best to contact you to provide further clarification of the request.
  - Please sign the attestation documenting that the information provided is accurate.
- Stock Epinephrine may be stored in the medical room, or in a common area for Pre-K. The student's prescribed Epinephrine would be transported with the student as indicated.

**Student Skill Level:** Students should be as self-sufficient as possible in school. Health Care Practitioners must determine whether the child is nurse-dependent, should be supervised, or is independent to take medicine or perform procedures.

- **Nurse-Dependent:** nurse must administer. Medicine is typically stored in a locked cabinet in the medical room.
- **Supervised:** self-administers, under adult supervision. The student should be able to identify their medicine, know the correct dose and when to take it, understand the purpose of their medicine, and be able to describe what will happen if it is not taken.
- **Independent:** can self-carry/self-administer. For students who are independent, please initial the attestation that the student is able to self-administer at school and during other school-sponsored programs and activities, including school trips. **Students are never allowed to carry controlled substances.**
- ***If no skill level is selected, OSH clinical staff will designate the student as nurse-dependent by default, until further advised by the student's health care practitioner.***

Thank you for your cooperation.