

(Parents' Names)
(Street Address)
(City, State, Zip Code)
(Parents' Home & Cell Phone Numbers)
(Parents' Email Address)

(Date)

(Principal's Name)
(School Name)
(School Street Address)
(School's City, State, Zip)

RE: (Student's Name): 504 Plan Request For 2009-10

Dear (Principal's Name),

This requests development of a 504 Plan and Food Allergy Management Plan for our child, (*student's full name*), that will be implemented during the (*insert dates, e.g. 2009-10*) academic school year. (*Student's name*) will be a (*grade level*) student at (*school name*) and is diagnosed with Anaphylaxis to (*list of all allergies including medication, dust, latex, bees, animals, etc.*) as well as (*list other medical condition e.g. asthma*).

This letter grants our consent for our physician (*physician's name*) to consult with the school district's physician regarding our child's medical condition prior to this meeting. To ensure our child's safety at school, the school nurse should also write up an Individual Health Plan (IHP). We would like to audiotape this meeting.

As you may know, Anaphylaxis is a life-threatening medical condition. Given the vigilant nature of food allergy management, and the impact it may represent during the academic day and extracurricular school activities, it is in the mutual best interest to pursue a 504 Plan and Food Allergy Management Plan to ensure (*student's name*)'s safety, achievement of health goals, and full access to academic and enrichment opportunities at (*school name*). Of significance, (*student's name*) will require special accommodations, per his/her treating physician's orders. Please see attached medical letter and Section 504/ADA Accommodation Plan.

It is our desire to build an enduring long-term partnership with the school staff given that so much of (*student's full name*)'s time is spent at (*school name*). Therefore, we are requesting that the 504 Team Meeting to be scheduled immediately, and that attendees include: all school staff members who are directly responsible for the supervision of (*student's full name*) during the school day; the school nursing staff; the school's 504 On-Site Coordinator, and anyone else relevant to the 504 Plan process. By gathering for this meeting, we can work together in addressing our child's food allergy management needs at school while creating a smooth and seamless transition each day between home and school life.

We look forward to hearing from you in the next few days so that we may schedule a mutually agreeable meeting time.

Sincerely,

(*Parent/Guardian's names*)

cc: (*Name, Director of Student Special Ed Services/School District Name*)
(*Name, 504 On-site Coordinator/School Name*)
(*Name, School Nurse/School Name*)