



Dear Parent or Guardian:

Your child has been receiving health services and/or reasonable accommodations in school and DOE-sponsored programs/activities under Section 504 of the Rehabilitation Act of 1973. These services help a student with health needs to participate in school on an equal basis as their peers who do not have disabilities. For example, students with a medical condition may be given medicine at school according to their health care provider's instructions, or students who have trouble seeing or hearing may be seated close to the blackboard.

The Office of School Health reviews medical accommodation requests each school year to confirm whether your child needs services and/or accommodations in school, and to let the school know about any changes to ensure your child's needs are met.

To get ready for the upcoming school year, please:

- Ask your child's health care provider to fill out the attached [Diabetes Medication Administration Form](#), [Medication Administration Form\(s\)](#), and/or [Medically Prescribed Treatment Form](#) (attach a small recent photo to the upper left corner).
 - After reviewing the forms completed by your child's health care provider, sign the back page of the form(s) and include your contact information. You must sign the form(s) for your child to start receiving medication/medical treatment from the school nurse.
- Submit the completed Diabetes Medication Administration Form, or Medication Administration Form, and/or Medically Prescribed Treatment Form to the school nurse as early as **June 1, 2025, or as soon as possible**, so that your child receives authorized services at the start of the 2025-2026 school year.
- To request new or modified accommodations to your child's current 504 Plan: submit the [Medical Accommodations Request Form with Addendum](#) (completed by your child's health care provider) to your school's 504 Coordinator, along with the [Request for Health Services/Section 504 Accommodations Parent Form with HIPAA Authorization](#) **as soon as possible before the end of the school year** to ensure accommodations are in place for the first day of the next school year.

Diabetes Medication Administration Forms, Medication Administration Forms, and/or Medically Prescribed Treatment Forms that are sent after the end of the school year can be submitted as follows:

	<u>Email (to the borough where your child will attend school)</u>	<u>Mail</u>	<u>Fax</u>
Diabetes Medication Administration Forms	OshDMAF@health.nyc.gov	Attn: DMAF Coordinator New York City DOHMH Office of School Health 42-09 28th Street, CN-25 Queens, New York 11101-4714	Bronx & Manhattan: 347-396-8945 Brooklyn & Staten Island: 347-396-8933 Queens: 347-396-8932
All Other Medication Administration Forms and Medically Prescribed Treatment Forms	BronxMAF@health.nyc.gov BrooklynMAF@health.nyc.gov ManhattanMAF@health.nyc.gov QueensMAF@health.nyc.gov StatenIslandMAF@health.nyc.gov	Attn: Director of Nursing New York City DOHMH Office of School Health 42-09 28th Street, CN-25 Queens, New York 11101-4714	