

§504

Duval County Public Schools
Exceptional Education and Student Services
1701 Prudential Drive, Jacksonville, FL 32207

_____ Date

Section 504 Medical Verification Request

Student First Name	Student Last Name	Student Number	Date of Birth	School Name/#	Grade
Parent/Guardian Name	Street Address		City	State	Zip Code Phone

This student has been referred for an evaluation to consider eligibility for Section 504. This medical information will be used by the Section 504 Team to assist in determining eligibility.

Diagnosis (Provide formal diagnosis and brief description of student's medical condition):

Medications (List types, dosages and possible side effects):

Implications for the school setting:

Name of Health Care Professional* (Please Print)	Signature of Health Care Professional	Date Signed
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Please return this document to:

_____ Name/Section 504 Designee

_____ School Name

_____ School Street Address

_____ School City, State, Zip Code

If you have any questions please contact:

Name/Section 504 Designee	Phone	Ext.
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