

MD address

Re: {name}
DOB: {DOB}

To Whom It May Concern:

{Name} is a patient of mine at {clinic name}. {She/he} is under my care for migraine and was last evaluated by our Pediatric Headache Program on {date}. I recommend a 504 plan to establish appropriate accommodations to maximize {his/her} learning opportunities.

Please initiate a 504 plan to include the following:

1. Hydration: Please allow opportunity for hydration, and keeping a water bottle with {him/her}. Please also allow trips to the bathroom as needed, as increased hydration has been encouraged.
2. Absences: I encourage school attendance when it is at all possible, however late arrivals, absences, and leaving early from school due to headaches should be excused.
3. At onset or worsening of migraine episodes: Please allow {him/her} to go to the nurse's office, or a supervised equivalent. If requested, please allow {her/him} to contact {her/his} parent or guardian, should {she/he} need to be picked up.
4. Assignments: Please allow extra time to complete assignments and exams, as productivity can be greatly reduced during migraine episodes. When possible, please give {her/him} assignments one week beforehand so that {she/he} can work on them when migraine headaches are less disabling.
5. Note Taker/Peer tutor: If desired, please provide tutoring or pairing with a friend who would be willing and able to share notes.
6. Environment: Migraine headaches can be exacerbated by movement, overheating, dehydration, light, sounds, and smell. {Name} should be on modified PE during a migraine exacerbation. Please allow {her/him} to participate in physical activities as {she/he} is able, and allow rest/hydration as needed.
7. Privacy: While {Name's} family is comfortable with teachers and relevant school personnel knowing about {her/his} condition, we appreciate your keeping {her/his} medical information confidential.
8. Other accommodations to be discussed by {Name}, {his/her} family, and the school.

I plan to follow up regularly until we achieve control over the symptoms and are able to lessen disability. If you have any questions or concerns, please don't hesitate to call my office at {phone number}.

Sincerely,