USD 409 ATCHISON PUBLIC SCHOOLS

STUDENT BACKPACK/BAG MEDICAL EXEMPTION PROGRAM

Purpose

The Student Medical Exemption Program provides a formal process for considering exceptions to district backpack and bag expectations for students who demonstrate a documented medical need requiring access to a backpack, bag, pouch, or other carrying device during the school day.

This process is intended to provide reasonable medical accommodations while maintaining a safe, organized, and consistent learning environment for all students.

This exemption process is separate from disciplinary procedures and is not intended to replace accommodations provided through an Individualized Education Program (IEP), Section 504 Plan, Individualized Health Care Plan (IHCP), or other established medical accommodations. However, it may operate in conjunction with those plans when appropriate.

The program is intended to:

- Support student health and safety.
- Ensure equitable and consistent decision-making.
- Provide reasonable medical accommodations.
- Maintain school safety expectations.
- Protect instructional time.
- Provide appropriate documentation.
- Protect student privacy.

Team Considerations

The team will consider

- Documentation from a licensed medical provider.
- The student's specific medical needs.
- Whether immediate access to a backpack, bag, or medical supplies is necessary.
- Whether a smaller medical pouch, nurse storage, classroom storage, or another accommodation can adequately meet the student's needs.
- The least restrictive accommodation.
- Impact on classroom instruction.
- Safety and security considerations.
- Student age and ability to manage medical materials responsibly.
- Previous misuse of the exemption (if applicable).

The team shall determine whether a reasonable alternative accommodation can meet the student's medical needs before approving unrestricted backpack or bag access.

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Medical Exemption Request Form

Student Name: _____

School: _____

Grade: _____

Date: _____

Parent/Guardian: _____

Phone: _____

Email: _____

Reason for Request

Medical necessity (check all that apply):

☐ Medication storage/access

☐ Diabetes management supplies

☐ Glucose monitoring equipment

☐ Insulin supplies

☐ Seizure management supplies

☐ Allergy/anaphylaxis management supplies

☐ Mobility/medical support equipment

☐ Medical monitoring equipment

☐ Asthma supplies

☐ Other: _____

Explain why the student requires access to a backpack, bag, pouch, or carrying device during the school day and why another reasonable alternative is not sufficient.(such as nurse office space, classroom storage, locker storage, or district-provided accommodations)

_____

_____

_____

_____

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Requested Exemption

Describe the type of bag requested and how it will be used during the school day.

Type of bag/device

☐ Backpack

☐ Medical bag

☐ Small pouch

☐ Other: _____

Purpose:

_____

_____

_____

Requested Access

The student needs access to the bag:

☐ At all times

☐ During classroom instruction

☐ Physical Education

☐ Field Trips

☐ Other: _____

☐ Between classes

☐ Lunch

☐ Athletics

☐ Transportation

Supporting Documentation Included

☐ Physician Letter

☐ Mental Health Provider

☐ IEP Documentation

☐ Section 504 Documentation

☐ Court Order

☐ Other

Parent Name (please print)

Parent Signature

Date: _____

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HEALTH CARE OR LICENSED PROVIDER VERIFICATION

Student: _____

Diagnosis (if applicable):

_____

Describe why the student requires access to a backpack, bag, pouch or carrying device during the school day. Explain why the medical need cannot reasonably be addressed through another method (such as nurse office space, classroom storage, or district-provided accommodations).

_____

_____

_____

_____

Frequency of use:

☐ At all times
☐ During Class
☐ Lunch
☐ Passing Periods
☐ PE
☐ Athletics
☐ PE
☐ Field Trips
☐ Other: _____
_____

Duration of need:

☐ Temporary
☐ Permanent

Until: _____

Provider Name (please print):

Practice/Organization:

Address:

Signature:

Date:

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Student/Parent Exemption Agreement

The student agrees to:

☐ Use the backpack/bag only for approved medical purposes.

☐ Keep medical supplies secured and organized.

☐ Allow appropriate staff members to verify contents when necessary for safety or compliance.

☐ Follow all district safety and technology policies.

☐ Follow staff directions regarding storage, placement, and use of the bag.

☐ Not allow other students to use the bag or medical supplies.

The student and parent understand:

- This exemption is approved only for documented medical purposes.
- The exemption does not allow unrestricted personal backpack use.
- The school may establish reasonable procedures regarding placement, storage, and access.
- Misuse may result in review, modification, or revocation of the exemption.

Student Name (print): _____

Student Signature: _____

Parent Name (print): _____

Parent Signature: _____

Principal Signature: _____

Date: _____

Misuse of Exemption

Misuse may include, but is not limited to:

- Carrying non-approved personal items in the bag.
- Sharing the bag with other students.
- Using the exemption to bypass school safety procedures.
- Refusing reasonable storage or supervision expectations.
- Removing medical supplies from the bag without authorization.
- Using the exemption for convenience rather than medical necessity.

Misuse may result in:

- Review by the Medical Backpack/Bag Exemption Team.
- Additional supervision or restrictions.
- Modification of the exemption.
- Requirement to use an alternative accommodation.
- Revocation of the exemption if the documented medical need can be met through another reasonable method.

Students shall receive due process before an exemption is removed.

Appeals

Parents/guardians may appeal a denial by submitting a written request to the Superintendent or designee(s) who will review:

- Original documentation
- Additional information provided by the family

Annual Review

All Medical Backpack/Bag Exemptions shall be reviewed annually or sooner if:

- The student's medical needs change.
- Medical documentation changes.
- Educational programming changes.
- Safety concerns arise.
- Misuse occurs.
- The parent requests review.

Updated medical documentation may be required before renewal.

Documentation

The building shall maintain:

- Medical Backpack/Bag Exemption Request Form.
- Health Care Provider Verification Form.
- Supporting medical documentation.
- Exemption Agreement.
- Annual review documentation.
- Appeal records (if applicable).

Records shall be maintained according to district record retention procedures and applicable privacy requirements.