



579 Albany Post Road
New Paltz, NY 12561
800.643.8699 (tf)
212.777.0470
www.ohf.org
TAX ID #91-1457505

Use this template to introduce your child and their medical needs to their school. Fill in the sections marked in [brackets] with your information.

[Address]

[Phone number]

[Date]

Principal's name

[Address]

Special Education Director's name

[Address]

Superintendent's name

[Address]

Dear Educators and Administrators,

We are writing to introduce you to our child, [Student's Name], who attends [School's Name] and is currently in [Student's Grade Level]. [Student's Name] has been diagnosed with Primary Hyperoxaluria (PH), a rare genetic condition that affects kidney health and can impact daily functioning, school attendance, and overall well-being.

Primary Hyperoxaluria is a serious condition that requires a strict treatment plan and medical orders, including hyperhydration — drinking large amounts of water throughout the day — to protect the kidneys and prevent kidney stone formation. Because of this, [Student's Name] needs continuous access to water and frequent bathroom breaks as determined by the student, including during class or testing. These steps are a prescribed medical necessity and critical to protecting [his/her/their] kidney function and long-term health.

PH can also cause recurrent kidney stones, pain, fatigue, and other health challenges, which may occasionally require medical appointments, procedures, or hospitalizations. These symptoms can impact concentration, stamina, and comfort during the school day. We have partnered with the Oxalosis & Hyperoxaluria Foundation (OHF), the global patient organization dedicated to improving the lives of individuals with Primary Hyperoxaluria. They have provided educational materials to help familiarize you with this condition, which we've included for your reference.

We are very grateful for the support [Student's Name] has already received from [his/her/their] teachers and school staff. To ensure [he/she/they] continues to have every opportunity to succeed academically and stay healthy, we would like to explore developing an accommodation plan pursuant to Section 504 of the Rehabilitation Act. Some examples of accommodations for this condition:

- [Unrestricted access to water and restroom breaks as part of prescribed medical care]
- Flexible attendance policies to accommodate medical appointments, procedures, or recovery days
- Modified activity or physical education participation per medical guidance
- Support for making up missed assignments or tests due to absences
- A coordinated health plan with the school nurse for symptom management and emergencies
- Access to counseling services and/or emotional check-ins during the school day.
- A designated staff member or safe space for when the student is feeling overwhelmed.
- Flexible deadlines or reduced homework load during periods of high stress.
- Any other accommodations that would support your child]

We look forward to the opportunity to meet with you to discuss these needs and work together on a plan that supports [Student's Name]'s education and health. To learn more about Primary Hyperoxaluria and available resources, please visit the resources provided.

Thank you for your time, understanding, and collaboration in helping our child thrive.
Warm regards,

[Parent's and Patient's Name(s)]

About Primary Hyperoxaluria

[The Oxalosis and Hyperoxaluria Foundation](#)

[National Library of Medicine's overview: MedlinePlus: Primary Hyperoxaluria](#)