



Student Medical Information 2021 – 2022

This form must be updated and returned to school each school year.

Please let your school know about your child’s health and health care. This is a good way to keep your child safe. The information is **CONFIDENTIAL** and will be shared only with CPS staff who need to know (Nurse, Principal, Designee, or Clerk).

Student Name _____ Date of Birth _____ Student ID Number _____

School _____ Grade _____

1. Please indicate your child’s health status below

- My child has no known health conditions*
- My Child has a known condition(s). Please check all that apply:
- Allergies (food or other) – please specify:* _____
- Asthma* *Year Diagnosed* _____
- Diabetes – please circle one:* *Type 1* *Type 2* *Year Diagnosed* _____
- Seizures/Epilepsy* *Year Diagnosed* _____
- Sickle Cell Disease* *Year Diagnosed* _____
- Other:* _____ *Year Diagnosed* _____

2. My child has a primary doctor.	YES	NO
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If yes, please provide the healthcare provider’s name and phone number:

Name: _____ *Phone number:* _____

I give permission for my child’s school nurse or designee to talk to the doctor about my child’s health.

3. My child is covered by health insurance.	YES	NO
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If your child needs health insurance call Healthy CPS 773-553-KIDS (5437)

This Form is **NOT** the same as a “**Plan of Care**” (detailed medical care instructions to keep your child safe). If your child has a health condition that may require action at school, please provide school with documentation from your physician and schedule an appointment with your school nurse. Complete a “Medical Plan of Care Form” at: www.cps.edu/oshw (or get it from the school nurse), and return it to school. **If your child has a health condition, please schedule an appointment with the school nurse.**

Parent Name: _____ Date: _____

Parent Signature: _____

Phone Number: _____ Email: _____

Must have an original signature; an electronic signature is not acceptable.

PLEASE RETURN THE FORM TO THE SCHOOL NURSE

IF THE STUDENT HAS A HEALTH CONDITION PARENTS MUST SCHEDULE A MEETING WITH THE SCHOOL NURSE

<p>Nurses Use Only</p> <p>Reviewed by: _____</p> <p>Date and Initial _____</p>
