Office of Student Health and Wellness
125 South Clark Street, 9th Floor • Chicago, Illinois 60603
Telephone: 773-553-1886 • Fax: 773-553-1883

Office Use Only
Reviewed by: _____
Follow up: _____
Documents received: _____

Student Medical Information 2013/2014 School Year

INFORMATION MUST BE UPDATED AND SUBMITTED **ANNUALLY** AT THE BEGINNING OF THE SCHOOL YEAR

PLEASE PRINT ALL INFORMATION and RETURN FORM TO SCHOOL

SCHOOL NAME: _____

Student Name: _____ Date of Birth:_____Grade: _____ Homeroom: _____

To ensure the safety of your child during the school day, extracurricular activities, on any field trip, and when being transported by CPS it is important that the school is aware of any health conditions that may impact your child. We are asking you to please complete this form. For confidentiality purposes, this information will only be shared with relevant CPS staff. Thank you for your cooperation in this important matter.

Please indicate with a check below if applicable:

- ☐ Food Allergies: (Type) _____
- ☐ Other Allergies: (Type) _____
- ☐ Asthma
- ☐ Diabetes: Type 1 ☐ Type 2 ☐
- ☐ Seizures
- ☐ Other Medical Condition

  _____

  _____
- ☐ My child has **NO** allergies, medical conditions and/or does not take any medications during school hours
- ☐ My child has a primary healthcare provider (e.g., Doctor, Nurse Practitioner, Physician Assistant, etc.)

For any medical condition identified above which requires a prescribed medication be available and taken by your child during school hours, please include an ***Action Plan (Emergency, Asthma, or Diabetes) and/or verification of condition*** signed by a medical provider, which includes signs and symptoms of episode, what medication is to be given during school hours, including medication frequency, and any emergency procedures to be taken. You can request an Action Plan from your primary healthcare provider. Your child may qualify for a 504 Plan due to his/her condition; make sure you follow up with your school nurse and/or case manager once you have submitted this form.

Parent Name (Please Print): _____ Date: _____

Parent Signature: _____

Phone number: _____ E-mail: _____

Revised: June 1, 2013