



Student Medical Information 2023–2024



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

please print or type:

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 LAST NAME		FIRST NAME	MIDDLE NAME
GENDER (F/M/X/N)	STUDENT DATE OF BIRTH		SCHOOL NAME
STUDENT ID #	GRADE		ROOM #

1. DOES YOUR CHILD HAVE ANY KNOWN HEALTH CONDITIONS?

YES NO

If your child has a health condition, please schedule an appointment with your school nurse

Please check all that apply:

Allergies (food or other)

List Allergies

Asthma

Year Diagnosed _____

Seizures/Epilepsy

Year Diagnosed _____

Diabetes (please select one)

Type 1

Type 2

Other

Sickle Cell Disease

Year Diagnosed _____

Year Diagnosed _____

Other _____

Year Diagnosed _____

2. MY CHILD HAS A PRIMARY DOCTOR. YES NO

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

**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.**

Please return the form to the school nurse. If the student has a health condition, parents must schedule a meeting with the school nurse.

Parent/Guardian Name

Date

Phone Number

Parent/Guardian Signature

Email

**Nurses
Use Only**

Reviewed by (Initials)

Date

Revised April 13, 2023

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