



Student Medical Information 2020 – 2021

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: _____

PLEASE RETURN THE FORM TO THE SCHOOL NURSE
IF THE STUDENT HAS A HEALTH CONDITION PARENTS MUST
SCHEDULE A MEETING WITH THE SCHOOL NURSE

Nurses Use Only Reviewed by: Date and Initial
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