



Student Medical Information 2025 - 2026



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).

please print or type:

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 CARE PROVIDER 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 medical order, action plan, or plan of care. If your student has a health condition listed above, please visit cps.edu/oshw to view the CPS Health Forms required for that particular health condition. CPS Health Forms must be completed by a medical provider and submitted to the school nurse in order to keep your student healthy and safe at school. If you have any questions about required medical forms, please schedule a call or meeting with your 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

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

Revised February 2025