



Office Use Only Reviewed by: _____ Follow up: _____ Documents received: _____
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Office of Diverse Learners Support & Services · 42 West Madison · Chicago, Illinois 60602
Telephone: 773-553-1800

Student Medical Information –2018-2019 School Year

INFORMATION MUST BE UPDATED AND SUBMITTED ANNUALLY FOR ALL STUDENTS

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, Allergy, 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: 3/24/2014