



# 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 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 [cps.edu/oshw](https://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

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