



Office of Special Education & Supports · 125 South Clark Street, Suite 800 · Chicago, Illinois 60603
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Gretchen Brumley
Deputy Chief

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Student Medical Information 2010-2011 School Year

Student Name: _____ Date of Birth: _____ Grade: _____ Homeroom: _____

In order to ensure the safety of your child during the school day, extracurricular activities, on any field trip, and when being transported by the Chicago Public Schools (CPS) 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) _____
- ☐ Non-Food 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.

For any medical condition identified above which requires a prescribed medication to be taken by your child during school hours, please attach to this form your child's personal physician's signed ***Emergency Action Plan***, which includes what medication is to be given during school hours, including medication frequency, and any emergency procedures to be taken. Please find attached a blank ***Emergency Action Plan*** form should your child's personal physician need to complete a new one.

Parent Name: _____

Date: _____

Parent Signature: _____

Revised 2/4/2011