



COMMUNITY CONSOLIDATED SCHOOL DISTRICT 64 Park Ridge-Niles

164 S. Prospect Avenue

Park Ridge, IL60068-4079

(847) 318-4300

FAX: (847) 318-4351

Dear Parent/Guardian,

As we work to provide a safe and healthy school environment, it is important to identify students who have health concerns that warrant our awareness. School personnel need to know about children who have allergies, asthma, seizures, heart conditions, diabetes, and any other significant health conditions. Please complete the information on the reverse side and return to your child's school health office. Health staff will call you to clarify and discuss information as necessary. If there are no health concerns, please mark "NONE." District 64 requires this form to be completed annually, and whenever there is a significant change to your child's health.

Your signature indicates permission to share your child's medical/health information with school staff on a "need to know" basis only. We understand the sensitive nature of this information, and respect you and your child's right to privacy. If you have concerns about sharing particular information, please contact the school health assistant.

If your child needs to take medication at school, we require a physician's written order, parent note, and the pharmacy-labeled medicine container. Medication permission forms are available from the school health office and on the Health Services website. Medication must be transported to and from school by the parent, and delivered to the health office.

In addition, if your child has a serious allergy to peanuts and/or nuts, and you feel that he or she should sit at a designated "peanut/nut-safe" lunch table, please indicate this on the reverse side.

Please be sure that the school office has your current phone numbers, as well as emergency contact persons and their phone numbers.

Sincerely,

Margaret Temari, R.N.
Facilitator, School Health Services

STUDENT HEALTH INFORMATION

Name _____ Date _____
School _____ Grade _____ Room _____

Medical Condition/ Allergies _____

New _____ Update _____ None _____

Please check one:

- Student needs to be seated at a peanut/ nut-safe lunch table
- Student will sit at a regular lunch table

Symptoms to be aware of at school: _____

Plan of care at school: _____

Additional comments: _____

Medications at school: _____

Phone numbers where you can be reached if your child is ill or injured:

Signature: _____ Date: _____

Parent/ Guardian – I agree to allow health staff to share the above information with school staff, as needed.