



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: _____

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

To ensure the safety of your child during the school day, extracurricular activities, on any field trips, and when being transported, the Elmwood Park Community Unit Schools (EPCUSD 401) are requesting you to please complete this form. For confidentiality purposes, this form will only be shared with relevant EPCUSD 401 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**
- Other Medical Condition**

- My child has no allergies, medical conditions and/or does not take any medications during school hours**
- Does your child have a primary health care provider (e.g., Doctor, Nurse Practitioner, Physician Assistant, etc.)** Yes No

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, Diabetes, or Seizures)*** 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 school nurse or your medical provider, or download one from the district website.

Parent Name (Please Print): _____ Date: _____

Parent Signature: _____

Phone Number: _____

Email: _____