



Oak Park School District Student Medical/Health Notice

This form is designed to serve as a communication tool to best support your child's medical concerns during school hours. This form must be completed and returned to your child's school ONLY if your child requires medication, a medical plan, or has a medical concern.

Name of Student: _____

Phone # _____ Email: _____

Building (check all that apply): **Einstein** **Key** **Pepper** **OPPA** **OPHS** **NOVA**

School Year: _____ Grade: _____

To assist us in serving your child's medical concern, please check the box that best describes your child. ***If you check 1 or 2, please visit our website or contact your school office for required forms.***

1. My child has a health condition that requires medication during school hours (prescription and/or non-prescription).
2. My child has a health condition that requires a medical plan during school hours (i.e. diabetes, allergies, seizures, asthma, etc.)
3. My child has a health condition, requires NO accommodations during school hours, but it is important to notify the school. Please list and/or describe the condition:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Physician Name: _____ Dr. Phone: _____

- Office Use Only

Received by: _____ Date: _____

Confirmed by District Nurse: _____ Date: _____