



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 that warrants school notification.

Name of Student: _____
(Last) (First) (Middle)

Building (circle 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 Signature: _____ Date: _____

Office Use Only

Received by: _____ Date: _____