# Oak Park Unified School District

Student Daily Health Information and Medical History 2025-2026 School Year

| Student Last Name | First Name | Middle Name | M/F/O | Grade |
|---|---|---|---|---|
| | | | | |

☐ No medical history to report

Current Medical Conditions: please check if your student currently has any of the following conditions:

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|---|---|---|---|
| ☐ Diabetes | ☐ Seizure Disorder | ☐ Heart Condition | ☐ Intestinal Problem |
| ☐ Headache/Migraine | ☐ Glasses/Contacts | ☐ Kidney Problem | ☐ Hearing Aid |

Asthma: Please select one of the following: (Additional forms may be required).

| | |
|---|---|
| ☐ Please have your medical provider complete the following and return:<br>☐ Asthma action plan and<br>☐ Medication authorization form | ☐ No medications are required at school<br>☐ History of asthma but no longer requires medications or an action plan |

Allergies: Please specify the type of allergies your student has. Additional forms may be required.

| | | | |
|---|---|---|---|
| ☐ Food (Specify) | ☐ Insect stings/bites | ☐ Other | What type of reaction does your student have? |
| ☐ Please have your medical provider complete the following and return: allergy action plan and Medication authorization form | | ☐ No medications are required at school<br>☐ History of allergies but no longer requires medications or an action plan | |

If a student has allergies or needs special meal accommodation, please complete the Medical Statement to Request Special Meals form and email schoolmeals@opusd.org

☐ Please share any other medical conditions, treatments required, and any other pertinent information to help us understand your student's current medical condition(s):

Medications:

Students may not carry medication, including over-the-counter medication, on their person at school. However, there are 3 medications that a student can keep in their backpack for emergency purposes only (diabetic supplies, inhalers, and Epi-pens). If your student needs to take medication during school or carry emergency supplies an Authorization For Medications Taken During School Hours form needs to be completed: The form must be completed and signed by the student's physician before the medication can be dispensed and must be renewed yearly.

☐ Are medications (prescription or over-the-counter medications) required to be taken while at school? If yes, please complete this: Authorization For Medications Taken During School Hours

☐ No medications are required during school hours for the above conditions

The above information is complete, true and correct. I understand this student health inventory is confidential and will only be shared with designated staff on a "need to know" basis to ensure my child's health and safety at school. I also understand this information will become a part of my child's permanent school health record. If my child requires medications in the original or properly pharmacy-labeled container at school, I will complete an authorization form at the beginning of each school year as needed throughout the year. I also agree to alert the school health office personnel if there is any change in my child's health status during the school year.

✏️_____ Date:_____

Please type the parent/guardian's full name to authenticate the information provided

All forms can be accessed @ https://www.oakparkusd.org/→ Departments→Health Services