

Oak Park Unified School District
Student Daily Health Information and Medical History 2024-2025 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:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Intestinal Problem
<input type="checkbox"/> Headache/Migraine	<input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> Kidney Problem	<input type="checkbox"/> Hearing Aid

<input type="checkbox"/> Asthma Please check one of the following. Additional forms may be required.	
<input type="checkbox"/> Please have your medical provider complete the following and return: Asthma action plan and Medication authorization form	<input type="checkbox"/> No medications required at school
	<input type="checkbox"/> History of asthma but no longer require medications or an action plan

<input type="checkbox"/> Allergies Additional forms may be required. Please specify what type of allergies.			
<input type="checkbox"/> Seasonal	<input type="checkbox"/> Food	<input type="checkbox"/> Insect stings/bites	<input type="checkbox"/> Other
What type of reaction does your student have? _____			
<input type="checkbox"/> Please have your medical provider complete the following and return: Allergy Action Plan and Medication authorization form		<input type="checkbox"/> No medications required at school	
		<input type="checkbox"/> History of allergies but no longer requires medications or an action plan	

<input type="checkbox"/> Other medical conditions, treatments required, and any other pertinent information to help us understand your student's current medical condition(s):
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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

PE Modifications:

- ☐ Are PE modifications required If yes, please have the physician out this form: [Modified PE form](#)

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