



Student Medical Information 2022–2023



This form must be updated and returned to school each school year.

please print or type:

Please let your school know about your child's health and health care. This is a good way to keep your child safe. The information is **CONFIDENTIAL** and will be shared only with CPS staff who need to know (Nurse, Principal, Designee, or Clerk).

STUDENT LAST NAME		FIRST NAME	MIDDLE NAME
GENDER	STUDENT DATE OF BIRTH	SCHOOL NAME	
STUDENT ID #	GRADE	ROOM #	

1. PLEASE INDICATE YOUR CHILD'S HEALTH STATUS BELOW.

My child has no known health conditions.

My Child has a known condition(s). Please check all that apply:

Allergies (food or other)

List Allergies

Asthma

Year Diagnosed _____

Seizures/Epilepsy

Year Diagnosed _____

Diabetes (please select one) Type 1 Type 2 Other

Year Diagnosed _____

Sickle Cell Disease

Year Diagnosed _____

Other _____ Year Diagnosed _____

2. MY CHILD HAS A PRIMARY DOCTOR. YES NO

If yes, please provide the healthcare provider's name and phone number:

Name _____ Phone number _____

I give permission for my child's school nurse or designee to talk to the doctor about my child's health.

3. MY CHILD IS COVERED BY HEALTH INSURANCE. YES NO

**If your child needs health insurance call
Healthy CPS 773-553-KIDS (5437).**

This Form is **NOT** the same as a "Plan of Care" (detailed medical care instructions to keep your child safe). If your child has a health condition that may require action at school, please provide school with documentation from your physician and schedule an appointment with your school nurse. Complete a "Medical Plan of Care Form" at: www.cps.edu/oshw (or get it from the school nurse), and return it to school. **If your child has a health condition, please schedule an appointment with the school nurse.**

Please return the form to the school nurse. If the student has a health condition, parents must schedule a meeting with the school nurse.

Parent/Guardian Name _____ Date _____ Phone Number _____

Parent/Guardian Signature _____ Email _____

Nurses Use Only Reviewed by (Initials) _____ Date _____

Revised April 25, 2019

Must have an original signature; an electronic signature is not acceptable.



Request for Emergency and Health Information



PARENTS/GUARDIANS: The school must have on file emergency information that can be used to contact you. Please print clearly. Whenever there is a change in this information, immediately notify the school in writing.

SCHOOL NAME		STUDENT ID#	
STUDENT LAST NAME	FIRST NAME	MIDDLE NAME	
STUDENT HOME ADDRESS (include unit number if applicable)		City	State Zip
BIRTH DATE (mm/dd/yyyy)	HOMEROOM #	STUDENT HOME PHONE #	

CONFIDENTIAL INFORMATION BOX 1

Complete this box only if (1) it reflects your child's current living situation; OR (2) it reflects your living situation if you are a youth not living with a Parent or Guardian. (Your answer will help school staff with enrollment and may enable the student to receive additional services.) **Check one box:**

- in a car/park/other public place
- doubled-up
- in a hotel/motel
- in a shelter
- in transitional housing

School Note: If any box is checked, see the CPS Policy 702.5.

CONFIDENTIAL INFORMATION BOX 2

Is there a current Order of Protection or No Contact Order which concerns this student?

YES NO

School Note: If "Yes," follow CPS Policy 704.4 procedures. Enter information in *Legal Alert* field and update contact information, as needed, in SIS.

Parent/Guardian and Emergency Contact Information: Add extra contacts on additional page, if needed.

	PARENT/GUARDIAN CONTACT	PARENT/GUARDIAN CONTACT
Contact Name		
Relationship to Student		
Check all that apply:	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency	<input type="checkbox"/> Gets Mailings <input type="checkbox"/> Permission to Pick up
Home Address, if different from student's (include unit number if applicable)		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* Communication Language		

* CPS communicates via phone calls. Select the language that should be used to communicate with you. Languages available for mass communication at this time are English and Spanish (note: other languages upon availability).

List the name of a relative or neighbor who can also be notified in an emergency and has permission to pick up the student:

NAME	RELATIONSHIP	TELEPHONE #
ADDRESS		

Family Doctor's Name, Address, and Phone Number: I authorize you to call my family doctor, if necessary, in an emergency.

NAME	ADDRESS (include unit number if applicable)	City	State	Zip
TELEPHONE #				

STUDENT HEALTH INSURANCE: (select only one of the three) <input type="checkbox"/> Illinois Medical Card/All Kids: provide student's medical ID # _____ (9-digit number located on back of card). <input type="checkbox"/> No Insurance: are you interested in applying for the Illinois Medical Card/All Kids? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Private/Employer Health Insurance: no additional information needed.	CHILDREN OF MILITARY PERSONNEL (optional) As the Parent or Guardian, are you a member of a branch of the armed forces of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Parent/Guardian Signature

Date

Must have an original signature; an electronic signature is not acceptable.



School Messaging Consent Form



Dear Parent/Guardian/Student:

If age 18 or older, your school and the district will periodically want to send information regarding school or district events, updates or initiatives. We will utilize a phone messaging system to remind you about these events, updates, and initiatives; including report card distribution, field trips, community events, parent-teacher conferences, announcements, COVID-19 information and screenings, and more. To ensure you receive periodic school- or district-related notifications and reminders, your consent is needed below.

In the event of an emergency, whether or not consent is on file, you will be informed through all contact information provided. Emergency calls include weather closures, health risks, threats, unexcused absences, and other situations affecting the health or safety of students and faculty. Emergency calls will be sent to all phone numbers, including cellular numbers, listed on the student's record. Please make sure these numbers are updated with your school.

Please fill out and return this form to ensure you receive informational calls and texts.

By signing this form, you are authorizing Chicago Public Schools to use an automated system to periodically deliver automated informational calls or text messages to the phone number(s) provided below. If you change your phone number or no longer wish to receive automated calls and texts, you agree to inform Chicago Public Schools immediately. By signing below, you agree that this consent will remain valid and you will continue to receive automated phone calls and text messages unless or until you revoke your consent. Standard messaging rates and data may apply.

I CONSENT as outlined in the above section.

I DO NOT CONSENT as outlined in the above section.

please print or type:

Student's Name

Name of Parent/Guardian/Student if age 18 or older

School

Date

Signature of Parent/Guardian/Student if age 18 or older

Student ID #

Phone Number 1 for Messages

Phone Number 2 for Messages

E-mail Address

Must have an original signature; an electronic signature is not acceptable.



Media Consent Form and Release



Consent/Release

I hereby consent to have my child photographed, digitally recorded, video taped, audio taped and/ or interviewed by the Board of Education of the City of Chicago (the "Board") or the news media when school is in session, either in person or hosted remotely, or when my child is under the supervision of the Board. Further, I consent for these photos, digital recordings, video tapes, audio tapes and/or interviews to be shared with third parties who have received written approval from the Office of Communications. I understand in the course of the above described activities that the Board might like to celebrate my child's accomplishments and work. Therefore, I further consent for the Board's release of information on my child's name, academic/non-academic awards and information concerning my child's participation in school-sponsored activities, organizations and athletics.

I also consent to the Board's use of my child's name, photograph or likeness, voice or creative work(s) on the Internet or on a CD or any other electronic/digital media or print media electronic which may include honorary banners/signs displayed in, near, or around the school building or community.

As the child's parent or legal guardian, I agree to release, indemnify and hold harmless the Board, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or on the Internet, or on a CD, or any other electronic/digital media or print media or in connection with my child's participation in virtual school events and/or celebratory activities.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's name, photograph or likeness, voice or creative work(s).

I understand that I may cancel this consent by providing written notice to the principal. I also understand that my consent is valid for one school year, including the following summer.

Instructions: Check Box #1 or Box #2

- 1. I consent as outlined in the above consent/release section.
- 2. I DO NOT consent as outlined in the above consent/release section.

please print or type:

Student's Name

Name of Parent/Guardian/Student if age 18 or older

School

Date

Signature of Parent/Guardian/Student if age 18 or older

Student ID #

I understand that I have the right to inspect and copy my student's records, challenge the contents of such records; and limit my consent to the designated records or designated portions of information within the records.

Must have an original signature; an electronic signature is not acceptable.



CPS Family Income Information Form 2022–2023



The purpose of this form is for CPS to obtain information about families' income to determine school funding. CPS and your school may receive additional funding based on the number of low-income families enrolled. Please complete this form and return it to the school's main office.

Parents—Please return form to school by **October 29, 2022**.

Schools—Please enter into ODA by **November 18, 2022**.

please print or type:

SCHOOL NAME _____

DOES YOUR FAMILY HAVE INTERNET SERVICES AT HOME? YES NO

PART 1: Household Information— List all members of your household living with you.
**Foster Children (legal responsibility of welfare agency or court)*

FOSTER CHILD?	CPS STUDENT?	ALL HOUSEHOLD MEMBER NAMES			DATE OF BIRTH	DHS SNAP OR TANF CASE NUMBER (LAST 9 DIGITS)													
		Last	First	M.I.															
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>																		

PART 3: Homeless , Migrant, Runaway Child, or child enrolled in Head Start

HOMELESS
 MIGRANT
 RUNAWAY
 HEAD START

Homeless, Migrant, Runaway or Head Start Liaison Signature _____ Date _____

PART 4: List Household Members With Income (SKIP THIS if you answered any of parts 2 or 3)
 Enter the amount of income and how often it is received for each household member.
Frequency: Weekly, Every 2 Weeks, Twice Monthly, Monthly, Annually

OTHER INCOME can be but not limited to Welfare, Child Support, Retirement, Social Security, Worker's Comp. and Unemployment.

HOUSEHOLD MEMBER NAMES WITH INCOME	GROSS INCOME (before deductions)	Frequency					OTHER INCOME	Frequency				
		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Annually
First Last M.I.	\$ [][][][][][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ [][][][][][][][]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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PART 5: Opt in for information about other benefits.

YES! I am interested in applying for a waiver of instructional fees.
 YES! I am interested in applying for the Supplemental Nutrition Assistance Program (SNAP) and/or the Medicaid Program. Or call 773-553-5437
 YES! This student/these students have a parent who is a veteran or active military member. Students with a parent who is a veteran or active military may qualify for a fee waiver.

Signature _____

PART 6
Signature: I certify that all above information is true and all income is reported. I understand that information gathered from this form will be used to calculate Federal funding and screen CPS students for eligibility for other benefits and that school officials may verify (check) the information as being accurate; and that if I purposely give false information, I may be prosecuted. I consent to the district sharing eligibility status in order to receive benefits based on eligibility status.

Signature of adult household member _____ Parent / Guardian First Name _____ Parent / Guardian Last Name _____

Address _____ Zip Code _____ Date _____



CPS Family Income Information Form 2022–2023



PART 7: Children's Racial and Ethnic Identities (Optional)

MARK ONE ETHNIC IDENTITY:

- Hispanic / Latino
- Not Hispanic / Latino

MARK ONE OR MORE RACIAL IDENTITIES:

- Asian
- Black / African American
- Native Hawaiian / Other Pacific Islander
- White
- American Indian / Alaska Native

Instructions For Completing Family Income Information Form

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM SNAP/TANF, FOLLOW THESE INSTRUCTIONS:

Part 1: List all of the household members and date of birth (for students). (Attach another application if necessary.)

Part 2: List the DHS case number (SNAP or TANF) of any household member that corresponds with their name in Part 1. Do not use your Medicare card number.

Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

Part 6: Sign the Form.

Part 7: Check the appropriate box to indicate your racial and ethnic identities.

IF YOU ARE APPLYING FOR A HOMELESS, MIGRANT, RUNAWAY, OR HEAD START CHILD, FOLLOW THESE INSTRUCTIONS:

Part 1: List all of the household members and date of birth (for students).

Skip to Part 3: Check the appropriate box; obtain date and signature of Homeless, Migrant, or Runaway Liaison/Coordinator.

Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

Part 7: Check the appropriate box to indicate your racial and ethnic identities.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List Students name, date of birth and check the box for "Foster Child" to the left of your foster child's name.

Skip to Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

Part 6: Sign the Form.

If some children in the household are foster children:

Part 1: List Students name, date of birth and check the box for "Foster Child" to the left of your foster child's name.

Skip to Part 4: Follow the instructions under ALL OTHER HOUSEHOLDS INSTRUCTIONS (Part 4) below.

Part 5: If you are interested in sharing application information with All Kids or SNAP agencies, check the box and sign.

Part 6: Sign the Form.

Part 7: Check the appropriate box to indicate your racial and ethnic identities.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all of the household members and date of birth (for students).

Skip to Part 4: Follow these instructions to report total household income:

Column 1: Name

List the first and last name of each person in your household who receives income, related or not (such as grandparents, other relatives, or friends. Attach another sheet of paper if necessary.).

Columns 2 & 3: Gross Income Amounts and Frequency

The Gross Income is the amount earned before taxes and other deductions. It should be noted on pay stubs. This is not the same as take-home pay. List the amount each person receives from these sources. Round to the nearest dollar. All other sources of income should also be noted on this application. Next to each amount fill in the circle that indicates how often the person receives their stated income (weekly, every other week, twice a month, monthly, or annually). If you do not wish to disclose your income, please note "decline to answer" in this section. Be aware that if you are low-income, failure to share household income information could reduce the funds your school may otherwise receive.

Part 5: If you are interested in sharing application information with Medicaid or SNAP agencies, check the box and sign.

Part 6: Sign the Form.

Part 7: Check the appropriate box to indicate your racial and ethnic identities.

SCHOOL USE ONLY

Initial Determination: ELIGIBLE (Free or Reduced) INELIGIBLE (Denied, N/A or ?)

CONFIRMATION (Only for those applications selected for verification)

Signature of Confirming Official (Required)

Date