



Yearly Medical Update

The parent/guardian of _____ gives permission for a
(Child's Name)

Dayspring Christian Academy staff member to provide first aid and care for their child.

All students may have the following provided products:

- Bacitracin Antibiotic Ointment
- Hydrocortisone 1% itch relief cream
- Aloe Vera Gel
- Normal Saline eye rinse
- Burn Gel
- Sting Relief (for bug bites)
- Cough Drops

By signing this document, I give permission for Dayspring Christian Academy school staff to administer these First Aid medications to the above-named child.

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____

Date _____

Medical Updates for 2021-2022 School Year:

Health /Medical Issues _____

Medication Allergies _____

Food Allergies _____

Environmental Allergies _____

If your child needs any medication (Prescription or Over-The-Counter) while at school, please fill out the Medication Consent Form.

For students that require rescue inhalers or EpiPens, please fill out the Allergy/Asthma Medication Administration Form as well as the Allergy Action Plan Form.