

Dayspring Christian Academy Health Profile and Consent

Student Name: _____

Emergency Contact: MUST HAVE TWO

Name	Relationship	Phone Number
Name	Relationship	Phone Number

Allergies:

Life threatening/Anaphylactic allergies (food, insect bites, drug allergy): Yes____ No____
If YES, please list the allergies: _____

Does your child require an EpiPen? Yes** ____ No____

**Please complete the Administration of Emergency Use Prescription Medication form.

Asthma:

Does your student have any diagnosis of asthma? Yes____ No____
If yes, does your student use an inhaler? Yes____ No____

Will your student have an inhaler at school? Yes** ____ No____

**Please complete the Administration of Emergency Use Prescription Medication form.

Seizure Disorder:

Does your student have a seizure disorder? Yes____ No____
Types of seizure _____ Date of last seizure _____

If yes, does your student require emergency medication? Yes** ____ No____

**Please complete the Administration of Emergency Use Prescription Medication form.

Other Health Concerns/Medications:

Check all that apply:

- ADD/ADHD
- Heart Disease/High blood pressure
- Diabetes
- Kidney Disorders
- Neurologic Disorders
- Sickle Cell
- Headaches
- Bleeding Disorders
- Weight or Eating Disorders
- Hearing Problems
- Cancer
- Anxiety/Depression
- Anemia
- Cystic Fibrosis
- Stomach Disorders
- Immunodeficiency
- Orthopedic Disorder
- Vision/Color Deficit
- Other:_____

Hospitalization/Surgeries:_____

Any recent changes at home that we should be aware of?

By signing below, you give permission to the school nurse at Dayspring to administer first aid to your student. This includes the following medications:

- Bacitracin Antibiotic Ointment
- Hydrocortisone 1% itch relief cream
- Aloe Vera Gel
- Normal Saline eye rinse
- Burn Gel
- Cough Drops

NOTE: If you wish for your student to receive Tylenol (325mg Tablets), Advil (200mg Tablets), or TUMS, you must have the Medication Consent form filled out by a medical provider. If they order medication that we do not have, you must provide it.

Signature of parent consenting to treatment:_____