

Dayspring Christian Academy Health Profile and Consent  
2025-2026 School Year

**Student Name:**\_\_\_\_\_ **Grade:**\_\_\_\_\_

**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?**

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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: \_\_\_\_\_