



# Divine Savior Academy

*A Christian Academy Dedicated to Excellence*

## STUDENT PROFILE

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### Medical Information

Doctor / Dentist Information	Current Record	Corrections
<b>Doctor's Name:</b>		
Doctor's Phone:		
Doctor's Location:		

<b>Dentists Name:</b>		
Dentist's Phone:		
Dentist's Location:		

Health History	Current Record	Corrections
List Allergies:		
Special Health Considerations:		
List Medications Administered at Home:		
List Medications Administered at School:		
Does Child Wear Corrective Lenses?		
Does Child Use Hearing Aids?		
Does Child Have Asthma?		
Does Child Have Diabetes?		
Suffer Frequent Ear Infections?		

### Emergency Contact Information

In an **EMERGENCY** situation when we cannot reach you, please list at least two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Emergency Contact Person(s)	Current Record	Corrections
Name and Phone of 1st Contact:		
Relationship to Student:		
Name and Phone of 2nd Contact:		
Relationship to Student:		
Name and Phone of 3rd Contact:		
Relationship to Student:		
Name and Phone of 4th Contact:		
Relationship to Student:		

If deemed necessary, your student will be sent to your family doctor or emergency room at parent/guardian's expense. As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child. I give consent to release this information to Divine Savior Academy - Doral, FL, personnel to promote the health and safety of my child, thus enhancing his/her ability to learn.

Signature Required: \_\_\_\_\_ Dated: \_\_\_\_\_

*The above signature acknowledges that I have read and consent to the above.*

## Permissions (Please write YES or NO for each of the following)

May administer non-aspirin:

I grant permission for my child to go on walking field trips:

I grant Divine Savior Academy permission to use pictures of my child(ren) in our school publications:

I grant permission to list in school directories: Phone:            Email:            Address:

I have reviewed and revised my student's information: \_\_\_\_\_  
*(Signature Required Here)*

\_\_\_\_\_  
*(Today's Date)*

## Submit Completed Student Profile

- Please submit completed student profile with application and registration fee.
- Either in school office, Monday through Friday, 8:00 a.m. - 4:30 p.m.
- OR via mail to Divine Savior Academy, 10311 NW 58th Street, Doral, FL 33178 or via Fax: 305-597-4077