

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

May administer non-aspirin: Yes No

I grant permission for my child to go on walking field trips: Yes No

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 in one of the following ways:

- In school office, Monday through Friday, 8:00 a.m. - 4:30 p.m.
- Via mail to Divine Savior Academy, 10311 NW 58th Street, Doral, FL 33178
- Via Fax: 305-597-4077