



Divine Savior Academy

A Christian Academy Dedicated to Excellence

STUDENT PROFILE

Student Name: _____ Age: _____ Grade: _____

Medical Information

Doctor / Dentist Information	Current Record
Doctor's Name:	
Doctor's Phone:	
Doctor's Location:	
Dentist's Name:	
Dentist's Phone:	
Dentist's Location:	

Health History	Current Record
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)	Name	Contact Information
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:		