



Medical Information Form

Date: _____

Student Name: _____

Do you Immunize? Yes or No

Does your child have allergies of any kind? _____ If yes, Please list: _____

Has your child been diagnosed with any medical conditions? _____ If yes, Please list: _____

Does your child take any prescription medication? _____ If yes, Please list medication, dosage, start date, related diagnosis/reason for medication use: _____

I will notify the school of any changes to my child's medical status. I understand that all students who show symptoms of communicable disease are to be excluded from classes until readmission is acceptable to school authorities. I will cooperate by keeping my child home during such times and informing the school as such.

Parent/Guardian



HIPAA (Health Insurance Portability and Accountability Act) Release Form

Date: _____

Student Name: _____

I, _____, for the _____ school year give Destiny Christian Academy's nurse permission to discuss anything that will benefit my child with the DCA staff. Parent/Guardian will be notified prior to any discussion; any discussion between the DCA nurse and staff is confidential.

Parent/Guardian