

## Clinic Information

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

### Medical Conditions:

Please let us know of any medical conditions your child may have: If your child takes medication on a regular basis, please indicate medication and dosage. Also indicate any drug allergies. Let us know of anything that would affect your child's treatment, if needed.

Explain any checked items:

Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_  
Heart Problems \_\_\_\_\_ Recurring Illness \_\_\_\_\_ ADHD \_\_\_\_\_ Other Conditions \_\_\_\_\_

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### Over the Counter Medication:

Indicate which of the following may be given to your child in non-emergency situations:

Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Roloids \_\_\_\_\_ Tums \_\_\_\_\_ Burn Ointment \_\_\_\_\_  
Caladryl Clear \_\_\_\_\_ Sting Relief Swabs \_\_\_\_\_ Peroxide to clean \_\_\_\_\_  
Antibiotic Ointment \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian      Date

## DCA Clinic Emergency Information Record

student last name	first name	m.i.	home phone	date of birth	soc sec no.	m/f
mother's last name	first name		work phone	cell or beeper	other	
father's last name	first name		work phone	cell or beeper	other	
student street address			city		zip code	
emergency contact name	home phone		work phone	cell or beeper	other	
emergency contact name	home phone		work phone	cell or beeper	other	
student's physician	office phone	student's medical conditions				
student's dentist	office phone	student's medical conditions				
preferred hospital			current medications			
<input type="checkbox"/> I hereby give Donelson Christian Academy permission to seek emergency treatment (including transportation to the nearest treatment facility if necessary)  for my child in the event they believe such treatment to be necessary for my child's welfare.						
signature of parent or guardian			date			
<input type="checkbox"/> I do NOT give Donelson Christian Academy permission to seek emergency treatment for my child.						
Instead, I wish for school personnel to:						
signature of parent or guardian			date			