Diamond Star Academy
1307 W Ridgeway Ave, Waterloo, IA 50701
Phone: (319) 529-7375

Email: info@dsaacademy.org
Website: www.dsaacademy.org

Student Medical Information
2025-2026 School Year

Student Name: _____ Date of Birth: _____ Grade: _____

In order to ensure the safety of your child during the school day, extracurricular activities, on any field trip, and when being transported by the Diamond Star Academy, we are asking you to please complete this form.

For confidentiality purposes, this information will only be shared with relevant DSA staff. Thank you for your cooperation in this important matter.

Please indicate with a check below if applicable:

___ Food Allergies: (Type) _____

___ Non-Food Allergies: (Type) _____

___ Asthma

___ Diabetes: Type 1 _ Type 2 _

___ Seizures

___ Other Medical Condition

_____

_____

___ My child has no allergies, medical conditions and/or does not take any medications during school hours.

For any medical condition identified above which requires a prescribed medication to be taken by your child during school hours, please attach to this form your child's personal physician's signed letter, which includes what medication is to be given during school hours, including medication frequency, and any emergency procedures to be taken.

Parent Name: _____ Date: _____

Parent Signature: _____