STUDENT INFORMATION

Legal Name (First, Middle, Last)			Grade Entering
"Everyday" Name (for class rosters, report cards, etc.)	☐ Male ☐ Female	Birthdate (Month/Day/Year)	

I give permission for Cedar Tree to administer the following [check appropriate box(es)].
☐ Tylenol for pain or fever (only with a parent's verbal permission in each instance)
☐ Cough drop

Drug allergies or other allergies? ☐ Yes (list below) ☐ No

_____

Taking medications? ☐ Yes (list below) ☐ No

_____

Will any medications (prescription or non-prescription) be required for this student at school?
☐ Yes ☐ No If "Yes", a Medication Authorization form is available from the office.

Past medical history and other pertinent information:

_____

_____

Has the student ever been referred for testing or placed in a special program? ☐ Yes ☐ No

Has the student ever been suspended or expelled by a previous school? ☐ Yes ☐ No

Has the student ever been involved in legal problems or been arrested? ☐ Yes ☐ No

Has the student ever been examined or treated by a counselor/doctor/psychiatrist for any type of social, behavioral or learning problems? ☐ Yes ☐ No

For any "Yes" answers in the questions above, please explain on the back of this sheet.

What are strong points of your child's character? _____

_____

_____

What are areas you see as needing growth? _____

_____

_____