# STUDENT INFORMATION

| Legal Name (First, Middle, Last) | | Grade Entering |
|---|---|---|
| "Everyday" Name (for class rosters, report cards, etc.) | ❑ Male<br>❑ Female | Birthdate (Month/Day/Year) |

I give permission for Cedar Tree to administer the following [check appropriate box(es)].
❑ Tylenol for pain or fever (subject to 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? _____

_____

_____