

# Red Cedar School

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## Health Information Form – Parent

*To be completed by parent or guardian*

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Parent Name \_\_\_\_\_

**Has / does the student:**

**Yes**

**No**

Had any recent injury, illness or infectious diseases? \_\_\_\_\_

Have a chronic or recurring illness/condition? \_\_\_\_\_

Ever been hospitalized? \_\_\_\_\_

Ever had surgery? \_\_\_\_\_

Have frequent headaches? \_\_\_\_\_

Ever had a head injury? \_\_\_\_\_

Wear glasses, contacts, or protective eye wear? \_\_\_\_\_

Ever had frequent ear infections? \_\_\_\_\_

Ever passed out during or after exercise? \_\_\_\_\_

Ever been dizzy during or after exercise? \_\_\_\_\_

Ever had seizures? \_\_\_\_\_

Ever had chest pain during or after exercise? \_\_\_\_\_

Ever had high blood pressure? \_\_\_\_\_

Ever been diagnosed with a heart murmur? \_\_\_\_\_

Ever had back problems? \_\_\_\_\_

Ever had problems with joints? (e.g. knees, ankles) \_\_\_\_\_

Had developmental difficulties? (gross/fine motor, speech) \_\_\_\_\_

Been diagnosed with Attention Deficit Disorder? (ADD) \_\_\_\_\_

Or with Attention Deficit/Hyperactive Disorder? ADHD \_\_\_\_\_

Ever suffered from depression? \_\_\_\_\_

Wear an orthodontic appliance? \_\_\_\_\_

Have any skin problems? \_\_\_\_\_

Have diabetes? \_\_\_\_\_

Have asthma? \_\_\_\_\_

Have HIV? \_\_\_\_\_

Have or ever had hepatitis? (specify which type) \_\_\_\_\_

Had mononucleosis in the past 12 months? \_\_\_\_\_

Ever had an eating disorder? \_\_\_\_\_

Ever had emotional issues for which professional help was sought? \_\_\_\_\_

Had substance abuse issues, or sought professional help or been treated for drug or alcohol problems? \_\_\_\_\_

If 'yes' was answered to any of these questions, please describe.

\_\_\_\_\_

\_\_\_\_\_

Is there any additional information about the student's behavior and physical, emotional or mental health about which the school should be aware? (use back of sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_