

# TheGreenwoodSchool

14 Greenwood Lane, Putney, VT 05346 • Phone (802) 387-4545 • FAX (802) 387-5396  
www.greenwood.org • E-mail admissions@greenwood.org

Student's Name \_\_\_\_\_

Please list all prescription medications which your child is currently taking or has taken in the past year. Please do not include antibiotics.

Medication	Dose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list all injuries and illnesses of your child which have required medical treatment, long-term therapy or hospitalizations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: Include information related to medications, environment, food or insects. Indicate if your child requires an Epi-pen for treatment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child's physical activity been restricted at any time in the last five years?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever received professional counseling or therapy? If so, please give a brief explanation, the dates seen, and provide the name and contact information of the professional.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

International students please provide a preliminary list of immunizations and attach to form.

I declare that the above-listed information is true and complete and that I have not withheld any information.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_