



CEDAR HILL PREP SCHOOL

152 Cedar Grove Lane, Somerset, NJ 08873

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FAX : 732-356-5409

www.cedarhillprep.com

CONFIDENTIAL MEDICAL RECORD & EMERGENCY CARD

Year of entry _____ Grade _____

Family name _____ First Name _____

Date of Birth _____ Sex ☐ M ☐ F

Contact Information

Address _____

Email _____

Telephone - Home _____ Telephone - Office _____

Emergency Contact Name (notify if parents are unavailable). _____

Emergency Contact Number _____

In case of an emergency and no parent or guardian is obtainable, the school will make any action necessary in the best interest of the student.

STUDENT HEALTH QUESTIONNAIRE

To be completed by the parent or guardian. **Please return the Confidential Medical Record & Emergency Card & the Student Health Questionnaire to the Admission Office.**

Family Name _____ First Name _____

Date of Birth _____ Sex ☐ M ☐ F

Medical History	Yes	No	If yes, please explain
Allergies			
Asthma			
Cardiac Disorder			
Diabetes			
Gastrointestinal Disorder			
Hearing Disorder			
Hypertension			
Neuromuscular Disorder			
Orthopaedic Condition			
Respiratory Illness			

Seizure Disorder			
Skin Disorder			
Visual Disorder			
Other (please specify)			
Participation for Sports Questionnaire	Yes	No	If yes, please explain
Is the Student...			
presently taking medication?			
diagnosed with asthma?			
prescribed asthma medication?			
Does the student...			
wear glasses or contact lenses?			
have any known deformalities?			
tire quickly during exercise?			
have frequent severe headaches?			
Has the student...			
ever fainted during or after exercise?			
ever been dizzy or after exercise?			
ever had chest pain during or after exercise?			
ever had racing of their heart or skipped heart beats?			
ever had high blood pressure or high cholesterol?			
ever had told they had a heart mumur?			
ever had a head injury or concussion?			
ever been knocked out or became unconscious?			
ever lost their memory?			
ever had a seizure?			
ever had a numbness or tingling in their arms, hands, legs or feet?			
Has any member of your family died...			
before the age of 50?			
Has anyone in your family had a heart attack...			
before the age of 50?			

I certify that the above information is correct to the best of my knowledge.

Signature of Parent or Guardian

Date