Bradley Preschool Medical Form 2021-2022

Parents: Please fill out the following information. Bradley Preschool requires this form to be turned in on or before Wednesday September 15th, 2021. Up to date vaccinations records are satisfactory. A doctor's signature is required if your child has a medical/allergy treatment plan.

Child's Name: ____Date of Birth: ____________________

Address: ____Contact #: ______________________

Parent/Guardian: ____

Vaccinations Required: must be filled out by Doctor and signed by doctor ***or*** *provide shot record from the doctor's office.*

3 Hepatitis B: Dates: _____________, ____________, ___________.

4 DTaP Dates: _____________, _______________, ____________, ________________.

3 Polio Dates: _______________, ______________, ________________.

1 Varicella Date: _______________

1 MMR Date: ________________

Recommended not required

Flu and 2 Hep A

Doctor's Signature: ___________________________________

Printed Name: _______________________________________

Please return to Bradley Preschool 210 W. Main St. Greenfield, IN 46140

Does your child have allergies? What allergy? Should the school place limitations on the child during school activities? ____

____

Is your child subject to any conditions which might make for a classroom emergency? (asthma, epilepsy, etc.)

____

IF you answered yes to any of the above please fill-out the back of this sheet and return with doctor's signature. Thank you.

Bradley Preschool Student Allergy/ Medical Treatment Plan

Student Name: ____ Date of Birth: ______________________

Parent Name: ____ Contact Number: ___________________

Family Doctor: _______________________________________ Doctor Contact Number________________

Allergy/ Medical Condition Name & Description

Symptoms to look for ____

Things to avoid ____

Treatment Plan for student ____

____

____

*A Doctor verification note must be on file for any known life-threatening allergies .

Doctor's signature for treatment plan__________________________________

Name Printed_______________________________

Date of Note Attached__________________

I, ___________________________________, give Bradley Preschool permission to treat my child,

__________________________________, as stated above in the treatment plan.

Date________________ Parent signature: _________________________________

Printed name____________________________________