

MEDICAL FORM (Print This Page)

To The Parents: Please fill out the following information. The physician's report is to be filled out by your doctor and the necessary immunizations obtained. State law requires that this medical form be returned to the school one month after the beginning of school. Bradley requires that this form be in on or before September 30. Please don't wait until the last minute.

CHILD'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ TELEPHONE _____

To the Physician: We ask that the child be brought up-to-date in the following:

DPT _____ HEIGHT _____

POLIO _____ WEIGHT _____

MMR _____ EARS _____

Hib _____ HEART _____

ABDOMEN _____

NOSE _____

THROAT _____

Does the child have any allergies? What is the allergy and what limitations should we place on the child in preschool?

Is the child subject to any conditions, which might make for a classroom emergency? (For example: epilepsy, asthma, diabetes, etc.)

Is there any physical defect, which would limit participation in the classroom or play activities? Please comment (Use the reverse side of this form if necessary).

Physician's Signature _____ Date _____

Print, Complete the form, and
Return this form to:

Bradley Community Preschool
210 W. Main St.
Greenfield, IN 46140-2097