

Bradley Preschool Medical Form 2024-2025

Parents: Please fill out the following information. Bradley Preschool requires this form to be turned in on or before **Monday September 16th, 2024**. 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. If no allergies please write N/A on the back form. 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 _____