

**BRADLEY COMMUNITY PRESCHOOL
MEDICAL FORM**

To the Parents: Please fill out the following information and have your child's physician or their assistant fill out the section for them below. Bradley requires that this form be turned in on or before **September 15** or within 30 days of registration for children who enroll midyear. Information from a well child checkup within the last year is satisfactory. Please do not wait until the last minute to get this form completed.

Child's Name _____ **Date of Birth** _____

Address _____ **Telephone** _____

To the Physician: We require that the child be brought up-to-date on their state required immunizations. Please indicate dates given on the following vaccines:

Diphtheria:	MMR:	Poliomyelitis:
Tetanus:	Whooping Cough:	

Date of Physical Exam: _____

Height _____

Weight _____

Ears _____

Eyes _____

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.) Please comment:

Is there any physical condition 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** _____

Return this form to:

**Bradley Community Preschool
210 W. Main St.
Greenfield, IN 46140-2097
Fax 462-3211**