

Harpswell Community Nursery School

Student Medical Information

Child's Name: _____ Date of Birth: _____

Does your child have any chronic conditions or allergies of which the school should be aware?

(Please include an allergy action plan from your child's doctor, if applicable)

Is your child taking any medications? YES or NO

(If yes, please indicate here. In order for staff to administer medication, we require official doctor's instruction)

Required Medical Contacts:

Please list other professional that may be helpful in the case of urgent care below (if needed).

Doctor (required for our licensing) Phone _____

Dentist (required for our licensing) Phone _____

Additional Professionals (optional) Phone _____

A copy of immunization records are required before your child can begin school.

If your child develops, or to your knowledge has been exposed to a contagious disease, please notify us. Should your child have a fever, or appear to be ill, please do not send him or her to school at the risk of infecting others.

I hereby give permission for the Harpswell Community Nursery School to give my child, _____ simple first aid when necessary, or in the event of a more serious medical need, for my child to be transported to a hospital to receive emergency medical treatment. I also authorize first-responder/rescue personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child.

Signature of parent/guardian Date _____

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