



**Nursery School**

### Harpwell Community Nursery School Medical Form

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/s or Guardian legally responsible for child:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Street: \_\_\_\_\_ Street: \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_

Is your child taking any medication? Y N

If yes, please describe here. \_\_\_\_\_

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 accident, for my child to be transported to a hospital to receive emergency medical treatment. I also authorize ambulance/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.

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date

**Complete 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.