**MEDICAL INFORMATION FORM**

Name of School: TOTS’ COOPERATIVE NURSERY SCHOOL

Address: 461 County Road, Barrington, RI 02806

**Dear Parent or Guardian:**

**In order for any child to attend any school in Rhode Island, it is mandated that a Physician’s Record of Immunization and Pre-Admission Examination be provided to school officials.**

**Please have attached form completed by your physician and return it to the school. In addition, will you please respond to the questions listed below concerning your child?**

**Kindly sign this page, date it, and return it tot the school.**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had a tuberculin skin test? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate: Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Positive \_\_\_\_\_ Negative \_\_\_\_\_

Has your child had a lead-screening test? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate: Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Positive \_\_\_\_\_ Negative \_\_\_\_\_

Has your child ever visited a dentist or dental clinic? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is your child potty-trained? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Your child must be potty-trained before the start of school.**

Are there any conditions, which should be brought to the attention of a teacher and/or nurse in school, e.g., allergies, seizures, surgery, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent’s (or Guardian’s) Signature Date

**{Please note that any child entering Tots’ who may need an epi-pen MUST have the epi-pen and doctor’s orders/directions ON THE FIRST DAY OF SCHOOL. The child will not be permitted to start without these two items}**