

Homeschool Hoopla @ Reynolda Preschool

MEDICAL FORM 2018-2019

2200 Reynolda Road * Winston-Salem, NC 27106
 Phone: 336-723-7451 Fax: 336-727-0708

This section to be completed by parent/guardian:

Child's Name: _____ DOB: _____

Address: _____ Phone: _____

In case of emergency, contact: _____ Phone: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

I grant permission for the staff of Reynolda Preschool or Church to seek emergency medical care in the event that I cannot be reached.

Parent/Guardian Signature: _____ Date: _____

This section to be completed by physician:

Date of most recent physical exam: _____

Allergies: _____

Does this child ... Yes No

	Yes	No
Have HEALTH CONDITIONS or DEVELOPMENTAL CONCERNS? If yes, please describe:		
Take MEDICATION regularly? If yes, please list:		
★ Are any medications required at school? <i>If yes, please complete a Physician's Authorization form</i>		
Have ANY MEDICAL ISSUES THAT MAY RESULT IN EMERGENCY? If yes, please describe:		
Have all IMMUNIZATIONS required for his/her age in NC? ★ <i>Please attach an up-to-date immunization record.</i>		

Physician Signature

Date