

# MEDICAL FORM

## Reynolda Preschool and Homeschool Hoopla

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

Does this child ...	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