

MEDICAL FORM
Reynolda Preschool
2025-2026

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

Student Name : _____ DOB : _____

This document is to be completed by the student's physician:

Date of most recent physical exam: _____

Allergies: _____

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?		

Physician Signature

Date

***Pictures of your up-to-date immunization records
must also be uploaded in your Planning Center profile. Please check out
our website for helpful steps and directions.***