



North Raleigh Church of Christ Preschool  
nrccpreschool.com

# NORTH RALEIGH PRESCHOOL MEDICAL FORM

## Student Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Medical History

Is child allergic to anything?    Yes    No    If so, what?  
\_\_\_\_\_  
\_\_\_\_\_

Any previous illnesses or diseases?    Yes    No    If so, what?  
\_\_\_\_\_  
\_\_\_\_\_

Any physical handicaps?    Yes    No    If so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Is child under the care of a Doctor?    Yes    No    If so, for what reason?  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN FORM SIGNED BY CHILD'S PHYSICIAN ALONG WITH  
CURRENT IMMUNIZATION RECORDS ATTACHED**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_