

Franklin County Schools Student Health Record

School Year 2021-22

Student Name: _____
(Last) (First) (Middle)

School: _____ Grade: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Telephone: _____ Cell: _____

Employer: _____ Work Number: _____

Father's Name: _____ Telephone: _____ Cell: _____

Employer: _____ Work Number: _____

Guardian/Legal Custodian: _____ Telephone: _____ Cell: _____

Employer: _____ Work Number: _____

Other/Emergency Contact: _____ Emergency Phone Number: _____

Physician: _____ Phone Number: _____

Insurance Company/Policy Number: _____

TennCare: Yes No

Health Problems: _____

Medications (Dosage and Frequency): _____

Allergies: _____

Special Dietary Considerations: _____

Activity Limitations: _____

Special Equipment: _____

Safety Precautions: _____

Has your child had a head injury? Yes No

If Yes - Cause of injury: Fall, Car/motor vehicle accident, Sports related, Other

If Yes: Did your child lose consciousness or appear to be dazed? Yes, No, Not sure

Please explain: _____

Signature of Parent/Guardian/Legal Custodian: _____ Date: _____