

## 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: \_\_\_\_\_